

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full David Young for Judge Committee				
Full Name of Contributor Dustin M Blake			Registration Number, if PAC	
Street Address 1524 Bendelow Dr	Employer/Occupation/Labor Organization*		M 11	D 20
City Columbus	State OH	Zip Code 43228	Y 11	Amount 100.00
Form(Cash, Check, etc) Check				
Full Name of Contributor Sean O Boyle			Registration Number, if PAC	
Street Address 336 S High St	Employer/Occupation/Labor Organization*		M 11	D 20
City Columbus	State OH	Zip Code 43215	Y 11	Amount 100.00
Form(Cash, Check, etc) Check				
Full Name of Contributor William A Clark			Registration Number, if PAC	
Street Address 600 S High St, Ste 202	Employer/Occupation/Labor Organization*		M 11	D 20
City Columbus	State OH	Zip Code 43215	Y 11	Amount 100.00
Form(Cash, Check, etc) Check				
Full Name of Contributor John A Connor II			Registration Number, if PAC	
Street Address 436 West Fifth Ave	Employer/Occupation/Labor Organization*		M 11	D 20
City Columbus	State OH	Zip Code 43201	Y 11	Amount 100.00
Form(Cash, Check, etc) Check				
Full Name of Contributor Gertner & Gertner			Registration Number, if PAC	
Street Address 175 South Third, #505	Employer/Occupation/Labor Organization*		M 11	D 20
City Columbus	State OH	Zip Code 43215	Y 11	Amount 100.00
Form(Cash, Check, etc) Check				
Full Name of Contributor Terri B Jamison-Gary			Registration Number, if PAC	
Street Address 7617 Schneider Way	Employer/Occupation/Labor Organization*		M 11	D 20
City Blacklick	State OH	Zip Code 43004	Y 11	Amount 100.00
Form(Cash, Check, etc) Check				
Full Name of Contributor Cleve M Johnson			Registration Number, if PAC	
Street Address 495 S High St, Ste 400	Employer/Occupation/Labor Organization*		M 11	D 20
City Columbus	State OH	Zip Code 43215	Y 11	Amount 100.00
Form(Cash, Check, etc) Check				

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 700.00