

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 Gregory N Finnerty			Registration Number, if PAC	
Street Address 6013 Round Tower Ln	Employer/Occupation/Labor Organization*		M D Y 0 4 1 2 1 4	Amount 125.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor David H Thomas			Registration Number, if PAC	
Street Address 511 S High St	Employer/Occupation/Labor Organization*		M D Y 0 4 1 2 1 4	Amount 350.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Blaise Baker			Registration Number, if PAC	
Street Address 600 S High St, Ste 201	Employer/Occupation/Labor Organization*		M D Y 0 4 1 2 1 4	Amount 600.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Paul Scott Co LPA			Registration Number, if PAC	
Street Address 536 S High St	Employer/Occupation/Labor Organization*		M D Y 0 4 1 2 1 4	Amount 1,000.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* 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 \$ 2,075.00