

Event Date	7-21-11
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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 Michael Rourke				Registration Number, if PAC	
Street Address 495 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 7	Y 21
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Mark E. Defossez				Registration Number, if PAC	
Street Address 2440 Canterbury Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 21
City Upper Arlington	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Janet A. Grubb				Registration Number, if PAC	
Street Address 4062 Gergesville Wrightsville Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 21
City Grove City	State OH	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Lawrence A. Rhie				Registration Number, if PAC	
Street Address 500 South Front Street, Ste. 200	Employer/Occupation/Labor Organization*		M 0	D 7	Y 21
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Abe Bahgat				Registration Number, if PAC	
Street Address 338 S. High Street	Employer/Occupation/Labor Organization* Abe Bahgat Co. LPA		M 0	D 7	Y 21
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor E. Scott Shaw				Registration Number, if PAC	
Street Address 432 Glen Echo Cir.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 21
City Columbus	State OH	Zip Code 43202	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Thomas F. Hayes				Registration Number, if PAC	
Street Address 65 E. Livingston Ave.	Employer/Occupation/Labor Organization* The Law Office of Thomas		M 0	D 7	Y 21
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 125.00

* 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 2,525.00

Total expenditures this event

Page Total \$ 825.00
