

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 E Scott Shaw				Registration Number, if PAC	
Street Address 500 S Front St, Ste 130	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Brian J Rigg				Registration Number, if PAC	
Street Address 720 S High St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Bricker & Eckler LLP State PAC				Registration Number, if PAC OH821	
Street Address 100 S Third St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Hahn Loeser & Parks LLP				Registration Number, if PAC	
Street Address 200 Public Square, Ste 2800	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Cleveland	State OH	Zip Code 44114	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Nesbitt Law Firm LLC				Registration Number, if PAC	
Street Address 1335 Dublin Rd, Ste 217A	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Maguire and Schneider LLP				Registration Number, if PAC	
Street Address 1650 Lake Shore Dr, Ste 150	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor James E Arnold & Associates LPA				Registration Number, if PAC	
Street Address 115 W Main St, Ste 400	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00

* 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

Total expenditures this event

Page Total \$ 1,050.00