

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 Timothy J. Snyder			Registration Number, if PAC	
Street Address 173 Thurman Ave	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 4 1 1	Amount 100.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Charles D. Underwood			Registration Number, if PAC	
Street Address 731 Fairway Blvd	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 4 1 1	Amount 250.00
City Whitehall	State O H	Zip Code 43213	Form(Cash,Check,etc) Check	
Full Name of Contributor Ira B. Sully			Registration Number, if PAC	
Street Address 844 South Front Street	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 4 1 1	Amount 25.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Abe Bahgat Co LPA			Registration Number, if PAC	
Street Address 338 S High St	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 4 1 1	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Luftman Heck and Associates, LLP			Registration Number, if PAC	
Street Address 580 East Rich Street	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 4 1 1	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Cecily Ferris			Registration Number, if PAC	
Street Address 905 S High	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 4 1 1	Amount 25.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Cash	
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

500.00

Total expenditures this event

118.70

Page Total \$ **500.00**