

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 Sheline				Registration Number, if PAC	
Street Address 912 Bernard Rd.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43221	Y 1	Amount 100.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Michael Shawn Dingus				Registration Number, if PAC	
Street Address 213 Powhatan Ave.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43204	Y 1	Amount 50.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Bernadette H. Laughlin				Registration Number, if PAC	
Street Address 7026 Brafferton Place		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43235	Y 1	Amount 50.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Debi Wenig				Registration Number, if PAC	
Street Address 3057 Melva Ave.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43224	Y 1	Amount 100.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Donation of \$25.00 or less				Registration Number, if PAC	
Street Address Donation of \$25.00 or less		Employer/Occupation/Labor Organization*		M 0	D 4
City 		State 	Zip Code 	Y 1	Amount 10.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Curtis Davis				Registration Number, if PAC	
Street Address 1644 Bryden Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43205	Y 1	Amount 100.00
				Form(Cash,Check,etc) Cash	
Full Name of Contributor 				Registration Number, if PAC	
Street Address 		Employer/Occupation/Labor Organization*		M 	D
City 		State 	Zip Code 	Y 	Amount
				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 \$ 410.00