

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 Benjamin C. Moore				Registration Number, if PAC	
Street Address 248 Apache Cir	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Westerville	State OH	Zip Code 43081	Form(Cash, Check, etc) Check		Amount 75.00
Full Name of Contributor Tammy J. Evans				Registration Number, if PAC	
Street Address 5849 Harrisburg Pike	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Grove City	State OH	Zip Code 43123	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Amber A. Tewksbury				Registration Number, if PAC	
Street Address 1629 College Park Drive	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Columbus	State OH	Zip Code 43209	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Serrott for Judge				Registration Number, if PAC	
Street Address 1447 Beaman Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Columbus	State OH	Zip Code 43228	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Lisa S. Diemer				Registration Number, if PAC	
Street Address 2720 E. Cleft Dr.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Upper Arlington	State OH	Zip Code 43221	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Richanne M. Zymkoski				Registration Number, if PAC	
Street Address 2128 Poplar Street	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Columbus	State OH	Zip Code 43207	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Shawn R. Dominy				Registration Number, if PAC	
Street Address 3837 Attuks Drive	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Powell	State OH	Zip Code 43065	Form(Cash, Check, etc) Check		Amount 200.00

* 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

1,670.00

Total expenditures this event

0.00

Page Total \$ 725.00