

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 Blvthe M Bethel				Registration Number, if PAC	
Street Address 495 S High St, Ste 220	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Harry R Reinhart				Registration Number, if PAC	
Street Address 400 S Fifth Street, Suite 301	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Michael Rourke				Registration Number, if PAC	
Street Address 495 S High St, Ste 450	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Janet A Grubb				Registration Number, if PAC	
Street Address 4062 Georgesville Wrightsvl Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Grove City	State O	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 100.00
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 11
City Upper Arlington	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Scott & Nemann Co LPA				Registration Number, if PAC	
Street Address 35 E Livingston Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Rick Ketcham				Registration Number, if PAC	
Street Address 755 South High Street	Employer/Occupation/Labor Organization*		M 0	D 7	Y 11
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 100.00

* 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 \$ 900.00