

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 Ruth A Farthing			Registration Number, if PAC	
Street Address 602 E Weisheimer Rd	Employer/Occupation/Labor Organization*		M D Y 0 5 3 0 1 4	Amount 30.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Richard J Lillash			Registration Number, if PAC	
Street Address 91 W Royal Forest Blvd	Employer/Occupation/Labor Organization*		M D Y 0 5 3 0 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Rhonda Weithman			Registration Number, if PAC	
Street Address 156 E Kanawha Ave	Employer/Occupation/Labor Organization*		M D Y 0 5 3 0 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Sarah A Rabold			Registration Number, if PAC	
Street Address 66 Kenvon Brook Dr	Employer/Occupation/Labor Organization*		M D Y 0 5 3 0 1 4	Amount 100.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Check	
Full Name of Contributor Joseph P Williams			Registration Number, if PAC	
Street Address 61 W Weisheimer Rd	Employer/Occupation/Labor Organization*		M D Y 0 5 3 0 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor John F Smilev			Registration Number, if PAC	
Street Address 7119 Conventry Woods	Employer/Occupation/Labor Organization*		M D Y 0 5 3 0 1 4	Amount 100.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Frederick A Vierow			Registration Number, if PAC	
Street Address 6870 Haymore Ave W	Employer/Occupation/Labor Organization*		M D Y 0 5 3 0 1 4	Amount 100.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Check	

* 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 \$ 530.00