

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 Philip B Kaufam			Registration Number, if PAC	
Street Address 492 S High St, Ste 200	Employer/Occupation/Labor Organization*		M D Y 1 0 4 1 4	Amount 125.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor William S Lazarow			Registration Number, if PAC	
Street Address 400 S 5th St, Ste 301	Employer/Occupation/Labor Organization*		M D Y 1 0 4 1 4	Amount 150.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Halabi Law LLC			Registration Number, if PAC	
Street Address 88 W Main St	Employer/Occupation/Labor Organization*		M D Y 1 0 4 1 4	Amount 150.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Hendricks Law Office LLC			Registration Number, if PAC	
Street Address 1194 Gary Dennis Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 4 1 4	Amount 200.00
City Columbus	State O H	Zip Code 43228	Form(Cash, Check, etc) Check	
Full Name of Contributor Terry K Sherman			Registration Number, if PAC	
Street Address 175 S Merkle Rd	Employer/Occupation/Labor Organization*		M D Y 1 0 4 1 4	Amount 250.00
City Columbus	State O H	Zip Code 43209	Form(Cash, Check, etc) Check	
Full Name of Contributor David J Young			Registration Number, if PAC	
Street Address 305 Spring Branch Rd SW	Employer/Occupation/Labor Organization*		M D Y 1 0 4 1 4	Amount 500.00
City Supply	State N C	Zip Code 28462	Form(Cash, Check, etc) Check	
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

Total expenditures this event

Page Total \$ 1,375.00