

Event Date	4/12/11
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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 George Wolfe			Registration Number, if PAC	
Street Address 3212 N. High Street	Employer/Occupation/Labor Organization*		M D Y 0 4 1 1 3 1 1	Amount 50.00
City Columbus	State O H	Zip Code 43202	Form (Cash, Check, etc) Check	
Full Name of Contributor Paley for Columbus			Registration Number, if PAC	
Street Address 668 Bellamy Place	Employer/Occupation/Labor Organization*		M D Y 0 4 1 1 3 1 1	Amount 100.00
City Columbus	State O H	Zip Code 43213	Form (Cash, Check, etc) Check	
Full Name of Contributor James H. Bownas			Registration Number, if PAC	
Street Address 2245 Victoria Park Dr	Employer/Occupation/Labor Organization*		M D Y 0 4 1 1 3 1 1	Amount 100.00
City Columbus	State O H	Zip Code 43235	Form (Cash, Check, etc) Check	
Full Name of Contributor Darrin C. Leist			Registration Number, if PAC	
Street Address 7956 Birch Creek Drive	Employer/Occupation/Labor Organization*		M D Y 0 4 1 1 3 1 1	Amount 150.00
City Columbus	State O H	Zip Code 43004	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)	
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)	
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

400.00

Total expenditures this event

297.43

Page Total \$ 400.00