

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 P. Dennis Pusateri				Registration Number, if PAC	
Street Address 492 City Park Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 21
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Cindi Sours-Morehart				Registration Number, if PAC	
Street Address 4063 Riverview Drive	Employer/Occupation/Labor Organization*		M 0	D 7	Y 21
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Blythe M. Bethel				Registration Number, if PAC	
Street Address 495 S. High Street Ste. 220	Employer/Occupation/Labor Organization*		M 0	D 7	Y 21
City Columbus	State OH	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 Ste 301	Employer/Occupation/Labor Organization*		M 0	D 7	Y 21
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor William S. Lazarow				Registration Number, if PAC	
Street Address 400 S. Fifth Street Ste 301	Employer/Occupation/Labor Organization*		M 0	D 7	Y 21
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Joseph Scott				Registration Number, if PAC	
Street Address 35 E. Livingston Ave.	Employer/Occupation/Labor Organization* Scott & Neman Co. LPA		M 0	D 7	Y 21
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		Amount

* 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 \$ **650.00**