

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 Ira Sully				Registration Number, if PAC	
Street Address 844 South Front St		Employer/Occupation/Labor Organization*		M D Y 012 012 112	Amount 25.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) Check	
Full Name of Contributor E. Scott Shaw				Registration Number, if PAC	
Street Address 432 Glen Echo Cir		Employer/Occupation/Labor Organization*		M D Y 012 012 112	Amount 25.00
City Columbus	State O H	Zip Code 43202		Form(Cash, Check, etc) Check	
Full Name of Contributor Hastie Law Office				Registration Number, if PAC	
Street Address 1441 King Ave		Employer/Occupation/Labor Organization*		M D Y 012 012 112	Amount 100.00
City Columbus	State O H	Zip Code 43212		Form(Cash, Check, etc) Check	
Full Name of Contributor Peter Binning				Registration Number, if PAC	
Street Address 592 S Third St		Employer/Occupation/Labor Organization*		M D Y 012 012 112	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) Check	
Full Name of Contributor John Bates				Registration Number, if PAC	
Street Address 495 S. High St		Employer/Occupation/Labor Organization*		M D Y 012 012 112	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) Check	
Full Name of Contributor Jo Kaiser				Registration Number, if PAC	
Street Address 389 Library Park		Employer/Occupation/Labor Organization*		M D Y 012 012 112	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) Check	
Full Name of Contributor James Connors				Registration Number, if PAC	
Street Address 221 S. High St		Employer/Occupation/Labor Organization*		M D Y 012 012 112	Amount 50.00
City Columbus	State O H	Zip Code 43215		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 \$ 350.00