

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 Eileen Paley				Registration Number, if PAC		
Street Address 668 Belamy Place	Employer/Occupation/Labor Organization* Paley For Columbus		M 0	D 9	Y 22	Amount 50.00
City Columbus	State Oh	Zip Code 43213	Form(Cash,Check,etc) Check			
Full Name of Contributor Jon Handler				Registration Number, if PAC		
Street Address 571 S. High	Employer/Occupation/Labor Organization*		M 0	D 9	Y 22	Amount 50.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor James W. Mueller, Jr.				Registration Number, if PAC		
Street Address 4950 W. Broad Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 22	Amount 35.00
City Columbus	State OH	Zip Code 43228	Form(Cash,Check,etc) Check			
Full Name of Contributor Mark D. Schriml				Registration Number, if PAC		
Street Address 255 Windward Court	Employer/Occupation/Labor Organization*		M 0	D 9	Y 22	Amount 50.00
City Canal Winchester	State OH	Zip Code 43110	Form(Cash,Check,etc) Check			
Full Name of Contributor Dwaine E. Gould				Registration Number, if PAC		
Street Address 416 Creekside Plaza	Employer/Occupation/Labor Organization*		M 0	D 9	Y 22	Amount 50.00
City Gahanna	State OH	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor Theresa Edwards				Registration Number, if PAC		
Street Address PO Box 126	Employer/Occupation/Labor Organization* Subpoena Services LLC		M 0	D 9	Y 22	Amount 300.00
City Gahanna	State Oh	Zip Code 43119	Form(Cash,Check,etc) Check			
Full Name of Contributor Jeremy Dodgion				Registration Number, if PAC		
Street Address 1188 S. High	Employer/Occupation/Labor Organization*		M 0	D 9	Y 22	Amount 50.00
City Columbus	State OH	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

1,585.00

Total expenditures this event

Page Total \$ 585.00