

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 Eric Hoffman			Registration Number, if PAC		
Street Address 338 S High St	Employer/Occupation/Labor Organization*		M 11	D 21	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash		
Full Name of Contributor Joel E Kaiser			Registration Number, if PAC		
Street Address 389 Library Park Court	Employer/Occupation/Labor Organization*		M 11	D 21	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Sydow Leis LLC			Registration Number, if PAC		
Street Address 155 W Main St	Employer/Occupation/Labor Organization*		M 11	D 21	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Steven Mathless			Registration Number, if PAC		
Street Address 495 E Mount St, Ste B	Employer/Occupation/Labor Organization*		M 11	D 21	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Despertorich Law Offices LLC			Registration Number, if PAC		
Street Address 100 E Main St	Employer/Occupation/Labor Organization*		M 11	D 21	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor George M Leach Law Offices LLC			Registration Number, if PAC		
Street Address 100 E Main St	Employer/Occupation/Labor Organization*		M 11	D 21	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Donald L Kline			Registration Number, if PAC		
Street Address 100 E Main St	Employer/Occupation/Labor Organization*		M 11	D 21	Y 14
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

1,600.00

Total expenditures this event

385.98

Page Total \$ **650.00**