

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 John Johnson				Registration Number, if PAC	
Street Address 501 S. High	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State OH	Zip Code 43215	Amount 100.00	Form (Cash, Check, etc) Check	
Full Name of Contributor Cleve Johnson				Registration Number, if PAC	
Street Address 495 S. High	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State Oh	Zip Code 43215	Amount 100.00	Form (Cash, Check, etc) Check	
Full Name of Contributor Priscilla Roberge				Registration Number, if PAC	
Street Address 372 Cumberland Drive	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Whitehall	State OH	Zip Code 43215	Amount 50.00	Form (Cash, Check, etc) Check	
Full Name of Contributor Roger Kobeck				Registration Number, if PAC	
Street Address 6257 Emberwood	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Dublin	State Oh	Zip Code 43017	Amount 100.00	Form (Cash, Check, etc) Check	
Full Name of Contributor Terri Jamison-Gary				Registration Number, if PAC	
Street Address 7617 Schneider Way	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Blacklick	State OH	Zip Code 43004	Amount 100.00	Form (Cash, Check, etc) Check	
Full Name of Contributor Robert Behal				Registration Number, if PAC	
Street Address 2531 Brentwood	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Bexley	State Oh	Zip Code 43209	Amount 100.00	Form (Cash, Check, etc) Check	
Full Name of Contributor Jeffrey Mackey				Registration Number, if PAC	
Street Address 1538 Melrose	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State Oh	Zip Code 43234	Amount 100.00	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 \$ 650.00