

Event Date 06-15-11

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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 David Goldstein			Registration Number, if PAC			
Street Address 326 South High	Employer/Occupation/Labor Organization* Attorney		M 0	D 6	Y 11	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Matthew Sublett			Registration Number, if PAC			
Street Address 845 Longstone Landing	Employer/Occupation/Labor Organization*		M 0	D 6	Y 11	Amount 100.00
City Alpharetta	State GA	Zip Code 30022	Form(Cash,Check,etc) Cash			
Full Name of Contributor Vorys Sater Seymour and Pease LLP			Registration Number, if PAC			
Street Address 52 E. Gay Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 11	Amount 575.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor David M. Werner			Registration Number, if PAC			
Street Address 4809 St. Andrews Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 11	Amount 150.00
City Grove City	State OH	Zip Code 43123	Form(Cash,Check,etc) Check			
Full Name of Contributor John P. Johnson			Registration Number, if PAC			
Street Address 501 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 11	Amount 150.00
City Columbus	State OH	Zip Code 432015	Form(Cash,Check,etc) Check			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

* 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 \$ 1,075.00