Event Date	12-6-11
Page	2

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by S	Secretary of State 3/05			
Name of Committee in Full					
David Young For Judge Committee				-	
Full Name of Contributor			Registration Number, if PAC	Registration Number, if PAC	
Gertner & Gertner		<del></del>			
Street Address	Employer/Occi	upation/Labor Organization*	M D Y Amount	100.00	
175 South Third		[g: g ]	1 2 0 5 1 1 1 Form(Cash,Check,etc)	100.00	
Calamahara	State	Zip Code	Check		
Columbus Full Name of Contributor	OH I	43215	Registration Number, if PAC		
		1	Registration Number, if TAC		
Judge John Connor Street Address	Employer/Occi	apation Labor Organization*	M D Y Amount		
436 W. 5th Ave.	Employen occi	apatron (Argunization)	1 2 0 1 1 1	100.00	
City	State	Zip Code	Form(Cash Check,etc)	100.00	
Columbus	OH!	43201	Check		
Full Name of Contributor	1 (/11 *		Registration Number, if PAC		
William Mann					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	· · · · · · · · · · · · · · · · · · ·	
580 S. High			1 1 2,1 1 1	100.00	
City	State	Zip Code	Form(Cash,Check.etc)		
Columbus	OH!	43215	Check		
Full Name of Contributor	<u> </u>		Registration Number, if PAC		
Dominic Mango					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	E0.00	
5649 Van Wert Drive		<u></u>	1 2 0 6 1 1	50.00	
City	State	Zip Code	Form(Cash,Check.etc)		
Hilliard	OH:	43026	Check		
Full Name of Contributor			Registration Number, if PAC		
	William Clark				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount 1   1   2   1   1   1	100.00	
600 S. High	State	Zip Code	1   1   2   1   1   1   1   Form(Cash,Check,etc)	100.00	
Columbus		43215	Check		
Full Name of Contributor	IOH:	10210	Registration Number, if PAC		
Paul Stethura					
Street Address	Employer/Occ	upation/Labor Organization*	M D Y Amount		
115 W. Main			1 2 0 6 1 1	100.00	
City	State	Zip Code	Form(Cash.Check,etc)		
Columbus	OH!	43215	Check		
Full Name of Contributor	1 1/1 1-1		Registration Number, if PAC		
Gerald Sunbury					
Street Address	Employer/Occ	upation/Labor Organization*	M D Y Amount		
495 S. High			1   1   0   5   1   1	100.00	
City	State	Zip Code	Form(Cash.Check.etc)		
Columbus	Oh !	43215	Check		
	,	Vilence 16 marsh 2 - 2 - 36	mleved the committee and the name of the		
quired for contributions from individuals over \$100 to statewide and g	general assembly car	nataates. It contributor is self-em	proyen, the occupation and the name of the		

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 S 650.00
1		

<sup>\*</sup> 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)]