

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 Gertner & Gertner			Registration Number, if PAC		
Street Address 175 South Third	Employer/Occupation/Labor Organization*		M 11	D 05	Y 11
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Judge John Connor			Registration Number, if PAC		
Street Address 436 W. 5th Ave.	Employer/Occupation/Labor Organization*		M 11	D 01	Y 11
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor William Mann			Registration Number, if PAC		
Street Address 580 S. High	Employer/Occupation/Labor Organization*		M 11	D 21	Y 11
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Dominic Mango			Registration Number, if PAC		
Street Address 5649 Van Wert Drive	Employer/Occupation/Labor Organization*		M 11	D 06	Y 11
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor William Clark			Registration Number, if PAC		
Street Address 600 S. High	Employer/Occupation/Labor Organization*		M 11	D 21	Y 11
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Paul Stethura			Registration Number, if PAC		
Street Address 115 W. Main	Employer/Occupation/Labor Organization*		M 11	D 06	Y 11
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Gerald Sunbury			Registration Number, if PAC		
Street Address 495 S. High	Employer/Occupation/Labor Organization*		M 11	D 05	Y 11
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 100.00

* 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