

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 Shanda M. Behrens			Registration Number, if PAC	
Street Address 220 W. Whittier	Employer/Occupation/Labor Organization*		M D Y 0 4 11	Amount 35.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Norman Q. Anderson			Registration Number, if PAC	
Street Address 295 Stewart Ave	Employer/Occupation/Labor Organization*		M D Y 0 4 11	Amount 35.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Sheryl K. Munson			Registration Number, if PAC	
Street Address 3700 Rivervail Dr	Employer/Occupation/Labor Organization*		M D Y 0 4 11	Amount 50.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael Shawn Dingus			Registration Number, if PAC	
Street Address 213 Powhatan Ave	Employer/Occupation/Labor Organization*		M D Y 0 4 11	Amount 50.00
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Mary Ellen Cain			Registration Number, if PAC	
Street Address 124 Pine Village Drive	Employer/Occupation/Labor Organization*		M D Y 0 4 11	Amount 50.00
City Granville	State O H	Zip Code 43023	Form(Cash,Check,etc) Check	
Full Name of Contributor Richanne M. Zymkoski			Registration Number, if PAC	
Street Address 2128 Poplar St	Employer/Occupation/Labor Organization*		M D Y 0 4 11	Amount 100.00
City Columbus	State O H	Zip Code 43207	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael J. Zaino			Registration Number, if PAC	
Street Address 7503 Balfoure Circle	Employer/Occupation/Labor Organization*		M D Y 0 4 11	Amount 100.00
City Dublin	State O H	Zip Code 43017	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

670.00

Total expenditures this event

70.50

Page Total \$ 420.00