

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 E Scott Shaw			Registration Number, if PAC	
Street Address 500 S Front St, Ste 130	Employer/Occupation/Labor Organization*		M D Y 0 1 3 0 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor CPM Law PAC			Registration Number, if PAC OH1505	
Street Address 366 East Broad Street	Employer/Occupation/Labor Organization*		M D Y 0 1 3 0 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Dean Knisley			Registration Number, if PAC	
Street Address 1111 Dublin Rd	Employer/Occupation/Labor Organization*		M D Y 0 1 3 0 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Money Order	
Full Name of Contributor Plymale & Dingus LLC			Registration Number, if PAC	
Street Address 250 Civic Center Dr, Ste 600	Employer/Occupation/Labor Organization*		M D Y 0 1 3 0 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Abe Bahgat			Registration Number, if PAC	
Street Address 338 S High St	Employer/Occupation/Labor Organization*		M D Y 0 1 3 0 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Robert J Behal			Registration Number, if PAC	
Street Address 2531 Brentwood Rd	Employer/Occupation/Labor Organization*		M D Y 0 1 3 0 1 4	Amount 150.00
City Bexley	State O H	Zip Code 43209	Form(Cash, Check, etc) Check	
Full Name of Contributor Mango Law LLC			Registration Number, if PAC	
Street Address 5649 Van Wert Dr	Employer/Occupation/Labor Organization*		M D Y 0 1 3 0 1 4	Amount 150.00
City Hilliard	State O H	Zip Code 43026	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 \$ 800.00