

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 W Joseph Edwards				Registration Number, if PAC	
Street Address 341 S 3rd St, Ste 200	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor George Stark Breitmayer III				Registration Number, if PAC	
Street Address 182 Corbins Mill Dr	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor David H Thomas				Registration Number, if PAC	
Street Address 511 S High St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor R Williams Meeks Co LPA				Registration Number, if PAC	
Street Address 511 S High St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor David P Rieser				Registration Number, if PAC	
Street Address 2 Miranova Pl, Ste 710	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Sunbury Law Offices				Registration Number, if PAC	
Street Address 250 Civic Center Dr, Ste 600	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Crabbe Brown & James				Registration Number, if PAC	
Street Address 500 South Front Street, Ste 1200	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 500.00

* 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 \$ 2,450.00