

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>David Young for Judge Committee</b>					
Full Name of Contributor <b>Danny L. Caudill</b>			Registration Number, if PAC		
Street Address <b>2617 Griffin Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>2</b>
City <b>Lewis Center</b>	State <b>O</b>	Zip Code <b>43035</b>	Amount <b>25.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Marilynn Stephens</b>			Registration Number, if PAC		
Street Address <b>857 S 5th St</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Amount <b>25.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jeremy Dodgion</b>			Registration Number, if PAC		
Street Address <b>1188 S High St</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Angela J Boonvakieat</b>			Registration Number, if PAC		
Street Address <b>5790 Pepperwood Ct</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>2</b>
City <b>Galloway</b>	State <b>O</b>	Zip Code <b>43119</b>	Amount <b>25.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Ira B Sully</b>			Registration Number, if PAC		
Street Address <b>844 South Front Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Amount <b>25.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>The Law Office of Stephen Mover</b>			Registration Number, if PAC		
Street Address <b>9 East Kossuth Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Amount <b>25.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>John P Johnson Law Office LLC</b>			Registration Number, if PAC		
Street Address <b>501 S High Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>2</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Amount <b>25.00</b>	Form(Cash,Check,etc) <b>Check</b>	

\* 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 \$ 200.00