

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 Todd Long				Registration Number, if PAC			
Street Address 5354 N High St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	11	100.00
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) Cash			
Full Name of Contributor Lindsav Smith				Registration Number, if PAC			
Street Address 3439 Brandenburg Blvd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	11	40.00
City Indianapolis		State I N	Zip Code 46239	Form(Cash,Check,etc) Cash			
Full Name of Contributor Edward A Szcypinski				Registration Number, if PAC			
Street Address 1257 Fishinger Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	11	50.00
City Columbus		State O H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Todd W Barstow				Registration Number, if PAC			
Street Address 616 Monticello Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	11	50.00
City Pataskala		State O H	Zip Code 43062	Form(Cash,Check,etc) Check			
Full Name of Contributor Ira B. Sully				Registration Number, if PAC			
Street Address 844 S Front St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	11	50.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Vassy Law Office				Registration Number, if PAC			
Street Address 145 E Rich St, 2nd Fl		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	11	50.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Sunbury Law Offices				Registration Number, if PAC			
Street Address 250 Civic Center Dr, Ste 600		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	11	50.00
City Columbus		State O H	Zip Code 43215	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

1,465.00

Total expenditures this event

Page Total \$ 390.00