

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 Mitzi Plymale			Registration Number, if PAC	
Street Address 250 Civic Center Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 4	Amount 200.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor John P Johnson Law Office LLC			Registration Number, if PAC	
Street Address 501 S High St	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 4	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Gregg D Slemmer			Registration Number, if PAC	
Street Address 1188 S High St	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 4	Amount 250.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Donald B Leach Jr			Registration Number, if PAC	
Street Address 191 W Nationwide Blvd, Ste 300	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 4	Amount 300.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor R K Kerns			Registration Number, if PAC	
Street Address 1902 Lake Shore Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 4	Amount 500.00
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert F Krapenc			Registration Number, if PAC	
Street Address 601 S High St, 1st Floor	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 4	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Ross & Midian LLC			Registration Number, if PAC	
Street Address 309 S Fourth St, Ste 100	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 4	Amount 500.00
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

Total expenditures this event

Page Total \$ 2,500.00