

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 Ira Sully			Registration Number, if PAC		
Street Address 844 S. Front	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor E. Scott Shaw			Registration Number, if PAC		
Street Address 432 Glen Echo Cir.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State OH	Zip Code 43202	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Hastie Law Office			Registration Number, if PAC		
Street Address 1441 King Ave.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Peter Binning			Registration Number, if PAC		
Street Address 592 S. Third	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor John Bates			Registration Number, if PAC		
Street Address 495 S. High	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Jo Kaiser			Registration Number, if PAC		
Street Address 389 Library Park	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor James Connors			Registration Number, if PAC		
Street Address 221 S. High	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00

* 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

1,475.00

Total expenditures this event

Page Total \$ **350.00**