

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 Ruth Rankin			Registration Number, if PAC	
Street Address 2432 Wyncourtney Court	Employer/Occupation/Labor Organization*		M D Y 0 1 2 6 1 2	Amount 50.00
City Powell	State O H	Zip Code 43065	Form(Cash,Check,etc) Cash	
Full Name of Contributor Gregg Slemmer			Registration Number, if PAC	
Street Address 1188 S. High Street	Employer/Occupation/Labor Organization*		M D Y 0 1 2 6 1 2	Amount 50.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Cash	
Full Name of Contributor Phil Kaufman			Registration Number, if PAC	
Street Address 341 S. 3rd St, Ste 300	Employer/Occupation/Labor Organization*		M D Y 0 1 2 6 1 2	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Paul Scott			Registration Number, if PAC	
Street Address 536 S. High St	Employer/Occupation/Labor Organization*		M D Y 0 1 2 6 1 2	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Sean O. Boyle			Registration Number, if PAC	
Street Address 336 S. High St	Employer/Occupation/Labor Organization*		M D Y 0 1 2 6 1 2	Amount 40.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor 7 Contributions \$25 or less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 1 2 6 1 2	Amount 170.00
City	State 	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 	Amount
City	State 	Zip Code	Form(Cash,Check,etc)	

* 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 \$ 410.00