

# 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>Teresa Edwards</b>				Registration Number, if PAC	
Street Address <b>5611 Belle Oak Dr</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   1   3   0   1   4</b>	Amount <b>100.00</b>
City <b>Galloway</b>	State <b>O   H</b>	Zip Code <b>43119</b>		Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Eric Hoffman</b>				Registration Number, if PAC	
Street Address <b>338 South High Street</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   1   3   0   1   4</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Tim Wise</b>				Registration Number, if PAC	
Street Address <b>168 S Ogden Ave</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   1   3   0   1   4</b>	Amount <b>40.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43204</b>		Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Lewis Dye</b>				Registration Number, if PAC	
Street Address <b>555 S Third St</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   1   3   0   1   4</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Gina Scarver</b>				Registration Number, if PAC	
Street Address <b>6379 Summit Rd SW</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   1   3   0   1   4</b>	Amount <b>20.00</b>
City <b>Pataskala</b>	State <b>O   H</b>	Zip Code <b>43062</b>		Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Michael C Allbritain</b>				Registration Number, if PAC	
Street Address <b>1866 Northwest Blvd, Apt A</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   1   3   0   1   4</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43212</b>		Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Cecily L Ferris</b>				Registration Number, if PAC	
Street Address <b>905 S High St</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   1   3   0   1   4</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</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

5,610.00

Total expenditures this event

882.53

Page Total \$ 460.00