

## 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>Roger Rostislav Soroka</b>				Registration Number, if PAC	
Street Address <b>139 E Main St, Apt 300</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>200.00</b>
Full Name of Contributor <b>Crabbe Brown &amp; James</b>				Registration Number, if PAC	
Street Address <b>500 South Fron Street, Suite 1200</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>200.00</b>
Full Name of Contributor <b>George Stark Breitmayer III</b>				Registration Number, if PAC	
Street Address <b>182 Corbins Mill Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Dublin</b>	State <b>O</b>	Zip Code <b>43017</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>250.00</b>
Full Name of Contributor <b>Cash Safety Services LLC</b>				Registration Number, if PAC	
Street Address <b>6310 Seeds Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Grove City</b>	State <b>O</b>	Zip Code <b>43123</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>300.00</b>
Full Name of Contributor <b>Jeremy Dodgion Attorney at Law Co LPA</b>				Registration Number, if PAC	
Street Address <b>1188 South High Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>300.00</b>
Full Name of Contributor <b>Callif Bonding LLC</b>				Registration Number, if PAC	
Street Address <b>24 E Mound St</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>400.55</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 <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Pataskala</b>	State <b>O</b>	Zip Code <b>43062</b>	Form(Cash,Check,etc) <b>Cash</b>		Amount <b>25.00</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

Total expenditures this event

Page Total \$ 1,675.55