

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 Daniel G Fronk			Registration Number, if PAC	
Street Address 2396 W Lane Ave	Employer/Occupation/Labor Organization*		M D Y 015 310 114	Amount 100.00
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, etc) Check	
Full Name of Contributor Stephen Intihar			Registration Number, if PAC	
Street Address 275 Northmoor Place	Employer/Occupation/Labor Organization*		M D Y 015 310 1144	Amount 100.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc) Check	
Full Name of Contributor W T Leary			Registration Number, if PAC	
Street Address 2352 Collins Dr	Employer/Occupation/Labor Organization*		M D Y 015 310 114	Amount 100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc) Check	
Full Name of Contributor Michael Hamm			Registration Number, if PAC	
Street Address 381 Westview Ter	Employer/Occupation/Labor Organization*		M D Y 015 310 114	Amount 150.00
City Lithopolis	State OH	Zip Code 43136	Form (Cash, Check, etc) Check	
Full Name of Contributor Parker Realty Associates LLC			Registration Number, if PAC	
Street Address 9003 Turfway Bend Dr	Employer/Occupation/Labor Organization*		M D Y 015 310 114	Amount 200.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc) Check	
Full Name of Contributor Carpenter Lipps & Leland LLP			Registration Number, if PAC	
Street Address 280 N High St, Ste 1300	Employer/Occupation/Labor Organization*		M D Y 015 310 114	Amount 200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Mitchell Hirsch			Registration Number, if PAC	
Street Address 2754 Elm Ave	Employer/Occupation/Labor Organization*		M D Y 015 310 114	Amount 250.00
City Bexlev	State OH	Zip Code 43209	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 \$ 1,100.00