

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 Theresa Edwards				Registration Number, if PAC		
Street Address PO Box 126	Employer/Occupation/Labor Organization* Subpoena Services Plus LLC		M 1	D 0	Y 1	Amount 100.00
City Galloway	State OH	Zip Code 43119	Form(Cash,Check,etc) Check			
Full Name of Contributor Paul T. Khoury				Registration Number, if PAC		
Street Address 704 Neil Ave	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1	Amount 100.00
City Columbus	State OH	Zip Code 43215-1612	Form(Cash,Check,etc) Check			
Full Name of Contributor Graigg E. Gould				Registration Number, if PAC		
Street Address 205 Fallis Road	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1	Amount 100.00
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Rebecca Gooch				Registration Number, if PAC		
Street Address 336 S. High	Employer/Occupation/Labor Organization* Attorney/Self		M 1	D 0	Y 1	Amount 50.00
City Columbus	State Oh	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Paul Scott				Registration Number, if PAC		
Street Address 536 S. High	Employer/Occupation/Labor Organization* Paul Scott LPA		M 1	D 0	Y 1	Amount 150.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Frances Weiner				Registration Number, if PAC		
Street Address 96 Bishop Square	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1	Amount 250.00
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Nancy K. Wonnell				Registration Number, if PAC		
Street Address 336 S. High	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1	Amount 100.00
City Columbus	State OH	Zip Code 43215	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

1,250.00

Total expenditures this event

168.68

Page Total \$ 850.00