

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 Cindi Sours-Morehart				Registration Number, if PAC	
Street Address 4063 Riverview Drive	Employer/Occupation/Labor Organization*		M 0	D 1	Y 15
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Maria K Rankin				Registration Number, if PAC	
Street Address 2028 Coventry Road	Employer/Occupation/Labor Organization*		M 0	D 1	Y 15
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Mark M Hunt				Registration Number, if PAC	
Street Address 720 S High St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 15
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Nathan S Akamine				Registration Number, if PAC	
Street Address 844 S Front St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 15
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Todd Barstow & Associates				Registration Number, if PAC	
Street Address 538 S Yearling Rd, Ste 202	Employer/Occupation/Labor Organization*		M 0	D 1	Y 15
City Columbus	State OH	Zip Code 43213	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Curry Roby & Mulvey Co LLC				Registration Number, if PAC	
Street Address 30 Northwoods Blvd, Ste 300	Employer/Occupation/Labor Organization*		M 0	D 1	Y 15
City Columbus	State OH	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor J Harris Leshner				Registration Number, if PAC	
Street Address 336 S High St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 125.00

* 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 \$ 675.00