Event Date	12/6/11			
Page	13			

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05				
Name of Committee in Full						
David Young for Judge Commit	tee		_		_	
Full Name of Contributor		Registrati	Registration Number, if PAC			
Matan, Wright & Noble			м			
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		D Y	Amount	100.00
261 S Front St		<u>,</u>		0 6 1 1		100.00
City	=	State Zip Code		Form(Cash,Check,etc)		
Columbus	OH	43215		Check	enter bei	Appropriate the second
Full Name of Contributor			Registrati	on Number, if PA	C	
Paul Stehura LLC			м		r.	
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		D Y	Amount	100.00
115 W Main St, Ste 200				0 6 1 1	1 1800 (1800)	100.00
City	State	Zip Code		h,Check,etc)	TANK IN	事。非常被
Columbus	<u> </u>	43215		Check	F-10-11-00	11.
Full Name of Contributor			Registrati	on Number, if PA	ı.C	
Gerald T Sunbury	,	· · · · · · · · · · · · · · · · · · ·			r:	
Street Address	Employer/Occupa	tion/Labor Organization*	M	DY	Amount	100.00
495 S High St, Ste 400		···		0 6 1 1	410000000000	100.00
City	State	Zip Code		h,Check,etc)		
Columbus	<u> </u>	43215		Check	1 to 3 to 2	
Full Name of Contributor			Registrati	on Number, if PA	iC.	
Charles D Underwood		- 	<u> </u>	5 l V		
Street Address	Employer/Occupation/Labor Organization*		M	D Y	Amount	100.00
731 Fairway Blvd		1		0 6 1 1	17. (3.9) Ar	100.00
City	State	Zip Code	,	sh,Check,etc)	是他们们	**************************************
Whitehall	<u> </u>	43123		Check	C. C	
Full Name of Contributor			Kegistrati	ion Number, if PA	ıc	
Jon J Saia		 	М	- IV		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D Y	Amount	150.00
713 S Front St				0 6 1 1	V016401501172	150.00
City	State	Zip Code	4	sh Check etc)		61.4
Columbus	<u> </u>	43206		Check	Trans.	
Full Name of Contributor			Registrat	ion Number, if PA	AC.	
Aucoin Hetterscheidt & Younk	<u>in LLC</u>				Τ	
Street Address	Employer/Occup	ation/Labor Organization*	M	DY	Amount	200.00
577 S High St		<u> </u>		0 6 1 1		200.00
City	State	Zip Code		sh,Check,etc)		华新汉 图68
Columbus	O H	43215		Check		1-3-7-VC-94.0
Full Name of Contributor			Registrat	ion Number, if PA	AC	
William S Ireland					· -	
Street Address	Employer/Occupation/Labor Organization*		M	DY	Amount	200.00
85 Liberty St		I 2	112	0 6 1 1	नासूत्र प्राप्ताः स	200.00
City	State			Form(Cash,Check,etc)		常温温器
Columbus	<u> </u>	43215	(Check	71 S 1 15 5	TALL AND STREET
						

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 S

[•] 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)]