

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 Matan, Wright & Noble				Registration Number, if PAC	
Street Address 261 S Front St	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Paul Stehura LLC				Registration Number, if PAC	
Street Address 115 W Main St, Ste 200	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Gerald T Sunbury				Registration Number, if PAC	
Street Address 495 S High St, Ste 400	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Charles D Underwood				Registration Number, if PAC	
Street Address 731 Fairway Blvd	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Whitehall	State OH	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Jon J Saia				Registration Number, if PAC	
Street Address 713 S Front St	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Aucoin Hetterscheidt & YOUNKIN LLC				Registration Number, if PAC	
Street Address 577 S High St	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor William S Ireland				Registration Number, if PAC	
Street Address 85 Liberty St	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 200.00

* 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 \$ 950.00