

Event Date	<u>2/2/2012</u>
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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 Lewis Dyer			Registration Number, if PAC	
Street Address 555 South Third St	Employer/Occupation/Labor Organization*		M D Y 0 2 1 2	Amount 40.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Cash	
Full Name of Contributor George Breitmaver			Registration Number, if PAC	
Street Address 133 East Livingston Ave	Employer/Occupation/Labor Organization*		M D Y 0 2 1 2	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Cash	
Full Name of Contributor David Rieser			Registration Number, if PAC	
Street Address 2 Miranova Place	Employer/Occupation/Labor Organization*		M D Y 0 2 1 2	Amount 60.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Cash	
Full Name of Contributor Michael Reed			Registration Number, if PAC	
Street Address 1473 Cardiff Road	Employer/Occupation/Labor Organization*		M D Y 0 2 1 2	Amount 100.00
City Upper Arlington	State O H	Zip Code 43221	Form(Cash, Check, etc) Check	
Full Name of Contributor Michael Fultz			Registration Number, if PAC	
Street Address 452 S. Otterbien	Employer/Occupation/Labor Organization*		M D Y 0 2 1 2	Amount 100.00
City Westerville	State O H	Zip Code 43081	Form(Cash, Check, etc) Check	
Full Name of Contributor Zeiger, Tigges & Little			Registration Number, if PAC	
Street Address 41 S. High St	Employer/Occupation/Labor Organization*		M D Y 0 1 2 4 1 2	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Eric Zalud			Registration Number, if PAC	
Street Address 3576 Thornapple	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 2	Amount 50.00
City Pepper Pike	State O H	Zip Code 44124	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

1,475.00

Total expenditures this event

0.00

Page Total \$ 650.00