

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 Richanne M. Zymkoski				Registration Number, if PAC	
Street Address 2128 Poplar Street	Employer/Occupation/Labor Organization*			M D Y 0 3 1 0 1 1	Amount 100.00
City Columbus	State OH	Zip Code 43207		Form(Cash,Check,etc) Check	
Full Name of Contributor Mary E. Lybik				Registration Number, if PAC	
Street Address 5763 Banavie Ct.	Employer/Occupation/Labor Organization*			M D Y 0 3 1 0 1 1	Amount 100.00
City Columbus	State OH	Zip Code 43017		Form(Cash,Check,etc) Check	
Full Name of Contributor Eileen Paley				Registration Number, if PAC	
Street Address 668 Bellamy Place	Employer/Occupation/Labor Organization* Paley For Columbus			M D Y 0 3 1 0 1 1	Amount 100.00
City Columbus	State OH	Zip Code 43213		Form(Cash,Check,etc) Check	
Full Name of Contributor Dan Boda				Registration Number, if PAC	
Street Address 580 S. High Street, Suite 200	Employer/Occupation/Labor Organization* Mitchell, Pencheff, Fraley			M D Y 0 3 1 0 1 1	Amount 200.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor James H. Bownas				Registration Number, if PAC	
Street Address 2245 Victoria Park Dr.	Employer/Occupation/Labor Organization*			M D Y 0 3 1 0 1 1	Amount 100.00
City Columbus	State OH	Zip Code 43235		Form(Cash,Check,etc) Check	
Full Name of Contributor Gordan D. Evans III				Registration Number, if PAC	
Street Address 221 N. Front Street, Apt. 305	Employer/Occupation/Labor Organization*			M D Y 0 3 1 0 1 1	Amount 50.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor J. Scott Weisman				Registration Number, if PAC	
Street Address 601 S. High Street 1st Floor	Employer/Occupation/Labor Organization*			M D Y 0 3 1 0 1 1	Amount 100.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) Cash	

* 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 \$ 750.00