

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 Jason C Blum | | | Registration Number, if PAC | |
| Street Address 52 W Whittier St | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Columbus | State OH | Zip Code 43206 | Y 1 | Amount 50.00 |
| Form(Cash, Check, etc) Check | | | | |
| Full Name of Contributor Joseph M Gibson | | | Registration Number, if PAC | |
| Street Address 801 City Park Ave | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Columbus | State OH | Zip Code 43206 | Y 1 | Amount 50.00 |
| Form(Cash, Check, etc) Check | | | | |
| Full Name of Contributor Edward R Forman | | | Registration Number, if PAC | |
| Street Address 2653 Glen Echo Dr | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Columbus | State OH | Zip Code 43202 | Y 1 | Amount 75.00 |
| Form(Cash, Check, etc) Check | | | | |
| Full Name of Contributor Lawrence D Abramson | | | Registration Number, if PAC | |
| Street Address 695 Bryden Rd | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Columbus | State OH | Zip Code 43205 | Y 1 | Amount 100.00 |
| Form(Cash, Check, etc) Check | | | | |
| Full Name of Contributor Nancy K Wonnell | | | Registration Number, if PAC | |
| Street Address 336 S High St | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Columbus | State OH | Zip Code 43215 | Y 1 | Amount 100.00 |
| Form(Cash, Check, etc) Check | | | | |
| Full Name of Contributor Cecily L Ferris | | | Registration Number, if PAC | |
| Street Address 905 S High St | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Columbus | State OH | Zip Code 43206 | Y 1 | Amount 100.00 |
| Form(Cash, Check, etc) Check | | | | |
| Full Name of Contributor Peter J Binning | | | Registration Number, if PAC | |
| Street Address 592 S Third St | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Columbus | State OH | Zip Code 43215 | Y 1 | Amount 100.00 |
| 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

Total expenditures this event

Page Total \$ **575.00**