

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 Eric Allbritain				Registration Number, if PAC	
Street Address 5316 West Sheffield Cir	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Zanesville	State OH	Zip Code 43701	Form(Cash,Check,etc) Cash		Amount 20.00
Full Name of Contributor Peter Scranton				Registration Number, if PAC	
Street Address 3247 Rochfort Bridge Dr E	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Cash		Amount 40.00
Full Name of Contributor Benjamin L Luftman				Registration Number, if PAC	
Street Address 3239 Cranston Dr	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Jeffrey S Smith				Registration Number, if PAC	
Street Address 1400 Cambridge Blvd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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

410.00

Total expenditures this event

0.00

Page Total \$ 410.00