

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 Kayla Schultz				Registration Number, if PAC			
Street Address 3439 Brandenburg Blvd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	50.00
City Indianapolis		State I I N	Zip Code 46239	Form(Cash,Check,etc) Cash			
Full Name of Contributor Matthew Wolf				Registration Number, if PAC			
Street Address 300 S Second St, 2nd Fl		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Thomas Saaticia				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	60.00
City		State	Zip Code	Form(Cash,Check,etc) Cash			
Full Name of Contributor Bill Hedrick				Registration Number, if PAC			
Street Address 535 W 1st Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	25.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Esther M Bakaris				Registration Number, if PAC			
Street Address 488 Fallis Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	50.00
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Hastie Law Offices				Registration Number, if PAC			
Street Address 1192 Grandview Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	50.00
City Grandview Heights		State O H	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Subpeona Service Plus LLC				Registration Number, if PAC			
Street Address PO Box 126		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	100.00
City Galloway		State O H	Zip Code 43119	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
1,635.00

Total expenditures this event
0.00

Page Total \$ 435.00