

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 Michael W McElligott				Registration Number, if PAC	
Street Address 511 E Jeffrev Pl	Employer/Occupation/Labor Organization*		M 0	D 2	Y 15
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Lerner & Shea LLC				Registration Number, if PAC	
Street Address 500 S Front St, Ste 260	Employer/Occupation/Labor Organization*		M 0	D 2	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Joseph L Mas				Registration Number, if PAC	
Street Address 330 S High St	Employer/Occupation/Labor Organization*		M 0	D 2	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Abe Bahgat				Registration Number, if PAC	
Street Address 338 S High St	Employer/Occupation/Labor Organization*		M 0	D 2	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Shannon S Leis				Registration Number, if PAC	
Street Address 1771 Brvden Rd	Employer/Occupation/Labor Organization*		M 0	D 2	Y 15
City Columbus	State OH	Zip Code 43205	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor John P Johnson Law Office LLC				Registration Number, if PAC	
Street Address 501 S High St	Employer/Occupation/Labor Organization*		M 0	D 2	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Michael Rourke				Registration Number, if PAC	
Street Address 495 S High St, Ste 450	Employer/Occupation/Labor Organization*		M 0	D 2	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00

* 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

1,795.00

Total expenditures this event

Page Total \$ 475.00