

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 Jeremy Dodgion			Registration Number, if PAC	
Street Address 1188 S. High	Employer/Occupation/Labor Organization* Jeremy Dodgion Attorney		M D Y 0 4 2 8 1 1	Amount 150.00
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Serrott For Judge			Registration Number, if PAC	
Street Address 1447 Beaman Dr.	Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 1 1	Amount 100.00
City Columbus	State OH	Zip Code 43228	Form(Cash,Check,etc) Check	
Full Name of Contributor Jon Handler			Registration Number, if PAC	
Street Address 571 S. High	Employer/Occupation/Labor Organization* SMDHLS Bonds		M D Y 0 4 2 8 1 1	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Toure McCord			Registration Number, if PAC	
Street Address 844 S. Front Street	Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 1 1	Amount 100.00
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Cash	
Full Name of Contributor Alison Aiello			Registration Number, if PAC	
Street Address 4710 Coolbrook Drive	Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 1 1	Amount 100.00
City Hilliard	State OH	Zip Code 43026	Form(Cash,Check,etc) Cash	
Full Name of Contributor Craig Gould			Registration Number, if PAC	
Street Address 673 Mohawk	Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 1 1	Amount 100.00
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Cash	
Full Name of Contributor Contributions less then \$25.00			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 1 1	Amount 35.00
City	State	Zip Code	Form(Cash,Check,etc)	

* 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 \$ 685.00