

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 Paley for Columbus				Registration Number, if PAC	
Street Address 668 Bellamy Pl	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43213	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Vickey L McVay				Registration Number, if PAC	
Street Address 825 Binns Blvd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor James W Mueller Jr				Registration Number, if PAC	
Street Address 4950 West Broad Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43228	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Mark D Schriml				Registration Number, if PAC	
Street Address 255 Windward Ct	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Canal Winchester	State OH	Zip Code 43110	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Dwaine E Gould				Registration Number, if PAC	
Street Address 416 Creekside Plaza	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Gahanna	State OH	Zip Code 43230	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Subpeona Service Plus LLC				Registration Number, if PAC	
Street Address PO box 126	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Gahanna	State OH	Zip Code 43119	Form(Cash,Check,etc) Check		Amount 300.00
Full Name of Contributor Richard J Vickers				Registration Number, if PAC	
Street Address 1943 W 5th Ave	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 25.00

* 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

1,585.00

Total expenditures this event

0.00

Page Total \$ 535.00