Event Date	9/30/11
Page	50

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05				
Name of Committee in Full						
David Young for Judge Committee						
Full Name of Contributor		Registration	Registration Number, if PAC			
M Sean Cydrus Street Address	E-slaves/Occurs	stine/Labor Oscasionstines	MI	)   Y	Amount	
4449 Easton Wav	Employer/Occupation/Labor Organization*		$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0 \begin{bmatrix} 0 \\ 0 \end{bmatrix}$	-	Allogat	100.00
City	State	Zip Code	Form(Cash,C		<u> </u>	100.00
Columbus	OH	1 .		Cash		
Full Name of Contributor	1 () ; 11	10217		Number, if PA	AC .	
Dustin Blake						
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Y	Amount	
111 Rich Street				7 1 1 1		100.00
City	State	Zip Code	Form(Cash,C			
Columbus	OIH	43215		ash		
Full Name of Contributor			Registration	Number, if PA	NC .	
Chris Young	T	<del> </del>	<b>-</b>			
Street Address	Employer/Occupa	ation/Labor Organization*	MI		Amount	100.00
9500 Euclid Ave	Crara	7:- Code	1 0 0 Form(Cash, C			100.00
City Cleveland	State	Zip Code 44195		ash	·	
Full Name of Contributor	1 () [ 11	44170		Number, if PA	AC .	
Mark Collins			Tre good accom	runoci, n i i	ic	
Street Address	Employer/Occupation/Labor Organization*		М	У	Amount	
492 S High St		·	1100	17 111		100.00
City	State	Zip Code	Form(Cash,C			
Columbus	$O \mid H$	43215	C	ash		
Full Name of Contributor			Registration	Number, if PA	AC .	
Gordon Evans						
Street Address	Employer/Occupation/Labor Organization*		M		Amount	(0.00
495 S High St				<u> 7 1 1</u>		60.00
Calanatan	State	Zip Code	Form(Cash,C			
Columbus Full Name of Contributor	O   H	43215	B	ash Number, if PA	\C	
Full Name of Controllor			Registration	Number, it is	·C	
Street Address	Employer/Occups	ation/Labor Organization*	M I	) Y	Amount	
City	State	Zip Code	Form(Cash,C	heck,etc)		
Full Name of Contributor	•	<u> </u>	Registration	Number, if PA	AC .	•
Street Address	Employer/Occupation/Labor Organization*		M	) Y	Amount	
					<u> </u>	
City	State	Zip Code	Form(Cash,C	Theck,etc)		
	1 1	<u> </u>				
		d 16	-1		a6-L-	
equired for contributions from individuals over \$100 to statewide and ger ividual's business, if any rather than employer should be listed. If two or						

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

Total contributions this event	Total expenditures this event	
		Page Total \$ 460.00
		<u> </u>

organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]