31-E
R.C. 3517.10(B)

Event Date 10/5/11
Page 51

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				Registration Number, if PAC			
Judith K Drum							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
4156 Georgesville-Wrightsville				10	07	11	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Grove City	OH	43123		Check			
Full Name of Contributor				Registration Number, if PAC			
Tina M Blount							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
3200 Guffey Drive				10	07	11	20.00
City	State	Zip Code		Form(Cash,Check,etc)			
Grove City	OH	43123		Check			
Full Name of Contributor				Registration Number, if PAC			
Christy Crenshaw							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
2063 Summer Banks Drive				10	07	11	25.00
City	State	Zip Code		Form(Cash,Check,etc)			
Grove City	OH	43123		Check			
Full Name of Contributor				Registration Number, if PAC			
Vickey L McVay							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
825 Binne Blvd				10	07	11	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43204		Check			
Full Name of Contributor				Registration Number, if PAC			
3 Cash Contributions $25 or less							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
				10	07	11	60.00
City	State	Zip Code		Form(Cash,Check,etc)			
				Cash			
Full Name of Contributor				Registration Number, if PAC			
Subpeona Service Plus, LLC							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
PO Box 126				10	19	11	300.00
City	State	Zip Code		Form(Cash,Check,etc)			
Galloway	OH	43119		Check			
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
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: 505.00

Total expenditures this event: 0.00

Page Total $ 505.00