

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 Caitlin E. Hill				Registration Number, if PAC	
Street Address 43 Woods Street	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Painesville	State OH	Zip Code 44077	Form(Cash,Check,etc) Check		
Full Name of Contributor Troy J. Doucet				Registration Number, if PAC	
Street Address 4200 Regent Street, Suite 200	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Columbus	State OH	Zip Code 43219	Form(Cash,Check,etc) Check		
Full Name of Contributor TechnoBiz, LLC				Registration Number, if PAC	
Street Address 6277 Clark State Road	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Gahanna	State OH	Zip Code 43230	Form(Cash,Check,etc) Check		
Full Name of Contributor David J. Peters, Jr				Registration Number, if PAC	
Street Address 1453 Presidential Drive	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Dublin	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		
Full Name of Contributor Bryan F. Pirrmann				Registration Number, if PAC	
Street Address 4582 Wuerz Court	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Dublin	State OH	Zip Code 43016	Form(Cash,Check,etc) Check		
Full Name of Contributor John H. Bates				Registration Number, if PAC	
Street Address 495 S. High	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Michael A Philabaun				Registration Number, if PAC	
Street Address 601 South High Street	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		

* 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

815.00

Total expenditures this event

0.00

Page Total \$ 390.00