

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 Sunburv Law Offices			Registration Number, if PAC	
Street Address 250 Civic Center Drive, Ste 600	Employer/Occupation/Labor Organization*		M D Y 1 2 1 8 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor E Scott Shaw			Registration Number, if PAC	
Street Address 500 S Front St, Suite 130	Employer/Occupation/Labor Organization*		M D Y 1 2 1 8 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Abe Bahgat			Registration Number, if PAC	
Street Address 338 S High St	Employer/Occupation/Labor Organization*		M D Y 1 2 1 8 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor William H Nesbitt			Registration Number, if PAC	
Street Address 2657 Amberwick Place	Employer/Occupation/Labor Organization*		M D Y 1 2 1 8 1 4	Amount 150.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas A Gjostein			Registration Number, if PAC	
Street Address 6720 Havhurst Street	Employer/Occupation/Labor Organization*		M D Y 1 2 1 8 1 4	Amount 250.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Check	
Full Name of Contributor Lamkin Van Eman Trimble & Dougherty LLC			Registration Number, if PAC	
Street Address 500 S Front St, Suite 200	Employer/Occupation/Labor Organization*		M D Y 1 2 1 8 1 4	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) 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

Total expenditures this event

Page Total \$ 950.00