

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 Megan Grant				Registration Number, if PAC	
Street Address 1188 S High St	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Jeff Szczypinski				Registration Number, if PAC	
Street Address 78 E Chestnut St	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Anonymous Cash Contributions				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City	State I	Zip Code	Form(Cash,Check,etc) Cash		Amount 30.00
Full Name of Contributor Pieri Law Office LLC				Registration Number, if PAC	
Street Address 1238 Neil Ave	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43201	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Michaela Hahn-Lawson				Registration Number, if PAC	
Street Address 1089 Oakwood Blvd	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Painesville	State OH	Zip Code 44077	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor John W Keeling				Registration Number, if PAC	
Street Address 679 Overbrook Dr	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Richard S Ketcham				Registration Number, if PAC	
Street Address 1937 Elmwood Ave	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 50.00

* 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

1,680.00

Total expenditures this event

0.00

Page Total \$ 330.00