

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 Susan M. Hackett				Registration Number, if PAC	
Street Address 142 Delard Ave	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Jay Hulbert				Registration Number, if PAC	
Street Address 5261 Augusta Drive	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Westerville	State OH	Zip Code 43082	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Steven Sunburv				Registration Number, if PAC	
Street Address 150 East Mound Street, Suite 308	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Nicholas Anderen				Registration Number, if PAC	
Street Address 1750 Franklin Ave	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Columbus	State OH	Zip Code 43205	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Ernest Whitted				Registration Number, if PAC	
Street Address 5463 Coachman Road, Unit H	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Gary P. Brewer				Registration Number, if PAC	
Street Address 3899 Alward Rd SW	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Pataskala	State OH	Zip Code 43082	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Jeffrey A Brown				Registration Number, if PAC	
Street Address 580 South Street, Suite 200	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00

* 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
1,160.00

Total expenditures this event
0.00

Page Total \$ **525.00**