

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 Dominic Mango				Registration Number, if PAC	
Street Address 5649 Van Wert Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Hilliard	State Oh	Zip Code 43026	Amount 50.00	Form (Cash, Check, etc) Check	
Full Name of Contributor Jacqueline M. Wirtz				Registration Number, if PAC	
Street Address 50 W. Oakland Ave.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43201	Amount 50.00	Form (Cash, Check, etc) Check	
Full Name of Contributor Timothy Van Eman				Registration Number, if PAC	
Street Address 500 S. Front	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State Oh	Zip Code 43215	Amount 100.00	Form (Cash, Check, etc) Check	
Full Name of Contributor Scott Nemann				Registration Number, if PAC	
Street Address 35 E. Livingston	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State Oh	Zip Code 43215	Amount 300.00	Form (Cash, Check, etc) Check	
Full Name of Contributor Thomas Sexton				Registration Number, if PAC	
Street Address 580 S. High	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43215	Amount 100.00	Form (Cash, Check, etc) Check	
Full Name of Contributor Timothy Ryan				Registration Number, if PAC	
Street Address 1343 Forsythe Ave.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43201	Amount 250.00	Form (Cash, Check, etc) Check	
Full Name of Contributor Stuart Keller				Registration Number, if PAC	
Street Address 354 S. Merkle	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Bexley	State OH	Zip Code 43209	Amount 50.00	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

1,200.00

Total expenditures this event

43.50

Page Total \$ 900.00