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| Event Date | 8/10/11 |
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

|   |  |                          |   |                         |
|---|--|--------------------------|---|-------------------------|
| Name of Committee in Full<br><b>David Young For Judge Committee</b> |  |                          |   |                         |
| Full Name of Contributor<br><b>Linda L. Reibel</b>                  |  |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>39 Orchard Drive</b>                           | Employer/Occupation/Labor Organization*                                      |                          | M   D   Y<br><b>0   8   1   0   1   1</b> | Amount<br><b>100.00</b> |
| City<br><b>Worthington</b>  | State<br><b>OH</b>   | Zip Code<br><b>43085</b> | Form(Cash,Check,etc)<br><b>Check</b>      |                         |
| Full Name of Contributor<br><b>Michael Silberstein</b>              |  |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>1093 Fountain Lane Apt. D.</b>                 | Employer/Occupation/Labor Organization*                                      |                          | M   D   Y<br><b>0   8   1   0   1   1</b> | Amount<br><b>25.00</b>  |
| City<br><b>Columbus</b>   | State<br><b>OH</b>   | Zip Code<br><b>43213</b> | Form(Cash,Check,etc)<br><b>Check</b>      |                         |
| Full Name of Contributor<br><b>Docile Jim Brady</b>                 |  |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>585 Brookside Dr.</b>                          | Employer/Occupation/Labor Organization*                                      |                          | M   D   Y<br><b>0   8   0   1   1   1</b> | Amount<br><b>25.00</b>  |
| City<br><b>Columbus</b>   | State<br><b>OH</b>   | Zip Code<br><b>43209</b> | Form(Cash,Check,etc)<br><b>Check</b>      |                         |
| Full Name of Contributor<br><b>Shannon Leis</b>                     |  |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>1771 Bryden Raod</b>                           | Employer/Occupation/Labor Organization*                                      |                          | M   D   Y<br><b>0   8   1   0   1   1</b> | Amount<br><b>25.00</b>  |
| City<br><b>Columbus</b>   | State<br><b>OH</b>   | Zip Code<br><b>43205</b> | Form(Cash,Check,etc)<br><b>Check</b>      |                         |
| Full Name of Contributor<br><b>Troy Doucet</b>                      |  |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>4200 Regent Street</b>                         | Employer/Occupation/Labor Organization*                                      |                          | M   D   Y<br><b>0   8   1   0   1   1</b> | Amount<br><b>25.00</b>  |
| City<br><b>Columbus</b>   | State<br><b>OH</b>   | Zip Code<br><b>43219</b> | Form(Cash,Check,etc)<br><b>Check</b>      |                         |
| Full Name of Contributor<br><b>Gerald T. Sunbury</b>                |  |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>495 S. High</b>                                | Employer/Occupation/Labor Organization*                                      |                          | M   D   Y<br><b>0   8   1   0   1   1</b> | Amount<br><b>75.00</b>  |
| City<br><b>Columbus</b>   | State<br><b>OH</b>   | Zip Code<br><b>43215</b> | Form(Cash,Check,etc)<br><b>Check</b>      |                         |
| Full Name of Contributor<br><b>Theresa Edwards</b>                  |  |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>5611 Belle Oak Drive</b>                       | Employer/Occupation/Labor Organization*<br><b>Subpoena Services Plus LLC</b> |                          | M   D   Y<br><b>0   8   1   0   1   1</b> | Amount<br><b>250.00</b> |
| City<br><b>Galloway</b>   | State<br><b>Oh</b>   | Zip Code<br><b>43119</b> | Form(Cash,Check,etc)<br><b>Check</b>      |                         |

\* 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

1,275.00

Total expenditures this event

594.96

Page Total \$ 525.00