

## 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>Andy Cecil</b>                          |                                                                      |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>495 S. High, Ste 400</b>                          | Employer/Occupation/Labor Organization*<br><b>Cecil &amp; Geiser</b> |                          | M   D   Y<br><b>0   7   2   7   1   1</b> | Amount<br><b>200.00</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>Cynthia Lazarus</b>                     |                                                                      |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>88 W. Beechwood Blvd.</b>                         | Employer/Occupation/Labor Organization*                              |                          | M   D   Y<br><b>0   7   2   1   1   1</b> | Amount<br><b>100.00</b> |
| City<br><b>Columbus</b>                                                | State<br><b>OH</b>                                                   | Zip Code<br><b>43214</b> | Form(Cash,Check,etc)<br><b>Check</b>      |                         |
| Full Name of Contributor<br><b>Dean Reihard</b>                        |                                                                      |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>501 S. High Street</b>                            | Employer/Occupation/Labor Organization*                              |                          | M   D   Y<br><b>0   7   2   5   1   1</b> | Amount<br><b>100.00</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>David C. Stebbins</b>                   |                                                                      |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>544 Piedmont</b>                                  | Employer/Occupation/Labor Organization*                              |                          | M   D   Y<br><b>0   7   1   5   1   1</b> | Amount<br><b>100.00</b> |
| City<br><b>Columbus</b>                                                | State<br><b>OH</b>                                                   | Zip Code<br><b>43214</b> | Form(Cash,Check,etc)<br><b>Check</b>      |                         |
| Full Name of Contributor<br><b>Charles W. Kranstuber</b>               |                                                                      |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>5512 Caplestone Lane</b>                          | Employer/Occupation/Labor Organization*                              |                          | M   D   Y<br><b>0   7   1   8   1   1</b> | Amount<br><b>100.00</b> |
| City<br><b>Dublin</b>                                                  | State<br><b>OH</b>                                                   | Zip Code<br><b>43017</b> | Form(Cash,Check,etc)<br><b>Check</b>      |                         |
| Full Name of Contributor<br><b>Isaac, Brant Ledman &amp; Tetor LLP</b> |                                                                      |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>250 E. Broad</b>                                  | Employer/Occupation/Labor Organization*                              |                          | M   D   Y<br><b>0   7   1   8   1   1</b> | Amount<br><b>100.00</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>Rick Ketcham</b>                        |                                                                      |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>755 South High Street</b>                         | Employer/Occupation/Labor Organization*                              |                          | M   D   Y<br><b>0   7   1   8   1   1</b> | Amount<br><b>100.00</b> |
| City<br><b>Columbus</b>                                                | State<br><b>OH</b>                                                   | Zip Code<br><b>43215</b> | Form(Cash,Check,etc)<br><b>Cash</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

Total expenditures this event

Page Total \$ 700.00