31-E
R.C. 3517.10(B)

Event Date 3/10/11
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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							
David Young For Judge Committee							
Full Name of Contributor				Registration Number, if PAC			
Mike Rourke							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
495 S. High Street, Suite 450				03	10	11	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43215		Check			
Full Name of Contributor				Registration Number, if PAC			
John Bates							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
495 S. High Street, Suite 400				03	10	11	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43215		Check			
Full Name of Contributor				Registration Number, if PAC			
Dustin M. Blake							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
111 Rich Street Ste., 600				03	10	11	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43215		Check			
Full Name of Contributor				Registration Number, if PAC			
Kenneth S. Blumenthal							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
155 W. Main Street, #1705				03	10	11	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43215		Check			
Full Name of Contributor				Registration Number, if PAC			
Michael Shawn Dingus							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
111 Rich Street Ste., 600				03	10	11	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43215		Check			
Full Name of Contributor				Registration Number, if PAC			
Deborah H. Lewis							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
7683 Wryneck Dr.				03	10	11	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Dublin	OH	43017		Check			
Full Name of Contributor				Registration Number, if PAC			
Michael Falleur							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1625 Bethel Road, Suite 205				03	10	11	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43220		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

Total expenditures this event

Page Total $ 700.00