31-E
R.C. 3517.10(B)

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: David Young for Judge Committee

Full Name of Contributor	Registration Number, if PAC					
Michael L Silberstein						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1093 Fountain Lane, Apt D			08	03	11	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43213	Check			
Full Name of Contributor	Registration Number, if PAC					
Linda L Reibel						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
39 Orchard Drive			08	15	11	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Worthington	OH	43085	Check			
Full Name of Contributor	Registration Number, if PAC					
Docile Jim Brady						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
585 Brookside Dr			08	15	11	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43209	Check			
Full Name of Contributor	Registration Number, if PAC					
Shannon Leis						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1771 Bryden Rd			08	15	11	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43205	Check			
Full Name of Contributor	Registration Number, if PAC					
Troy J Doucet						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4200 Regents Street, Suite 200			08	15	11	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43219	Check			
Full Name of Contributor	Registration Number, if PAC					
Gerald T Sunbury						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
495 S High St, Ste 400			08	15	11	75.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43215	Check			
Full Name of Contributor	Registration Number, if PAC					
Subpeona Service Plus, LLC						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
PO Box 126			08	15	11	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Galloway	OH	43119	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: 1,275.00

Total expenditures this event: 594.96

Page Total $ 525.00