Event Date	12-6-11
Page	5

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by S	ecretary of State 3/05		
Name of Committee in Full				
David Young For Judge Committee		<u> </u>	<u> </u>	
Full Name of Contributor			Registration Number, if PAC	
William Ireland		_,		
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	***
85 Liberty			1 2 0 6 1 1	200.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	LOH!	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Michael Fultz	1.			
Street Address	Employer/Occu	pation/Liber Organization*	M D Y Amount	250.00
452 S. Otterbein		In a .	1 2 0 6 1 1	250.00
City	State	Zip Code	Form(Cash,Check,etc)	
Westerville	OH	43081	Check	
Full Name of Contributor			Registration Number, if PAC	
Jessica Fallon	- 1		N D N A	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	E0.00
61 Oakland Park		Ta: 0.1	1 2 0 6 1 1 Form(Cash, Check, etc.)	50.00
City	State	Zip Code		
Columbus	I OH !	43214	Check Registration Number, if PAC	
Full Name of Contributor			Registration Number, it FAC	
Mark Hummer	le l O	i (I -b Ozonnigotion#	M D Y Amount	
Street Address	Employer/Occi	pation/Labor Organization*	1 2 0 6 1 1	50.00
1795 Edgemont	State	Zip Code	Form(Cash,Check,etc)	50.00
Calination		± 43212	Check	
Columbus Full Name of Contributor	LOH!	43414	Registration Number, if PAC	
		:	registration values. A 110	
2 contributions less then \$25.00 Street Address	Employer/Occu	mation/Labor Organization*	M D Y Amount	
Street Address	Employer/Occupation/Labor Organization*		1 2 0 6 1 1	45.00
City	State	Zip Code	Form(Cash,Check,etc)	10.00
City	June	Sip Cowo	Check	
Full Name of Contributor	<u>'</u>		Registration Number, if PAC	_
Charles Underwood				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
731 Fairway Blvd	1-1-1-1-1		1 1 2 1 1 1	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
Whitehall	OH	43213	Check	
Full Name of Contributor			Registration Number, if PAC	<u>. </u>
Jon Saia		:		
Street Address	Employer/Occi	pation/Labor Organization*	M D Y Amount	
713 S. Front		1	1 2 0 6 1 1	150.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	lon!	43206	Check	
		•		
transied for contributions from individuals over \$100 to statewide and o	reneral assembly can	didates. If contributor is self-em	ployed, the occupation and the name of the	

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 No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$ 845.00
	<u> </u>	<u></u>

^{*} 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)]