

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 Hahn Loeser & Parks LLP				Registration Number, if PAC		
Street Address 200 Public Sq, Ste 2800	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1	Amount 150.00
City Cleveland	State O	Zip Code 44114	Form(Cash,Check,etc) Check			
Full Name of Contributor Frederick D Benton Jr A Legal Professional Association				Registration Number, if PAC		
Street Address 98 Hamilton Park	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1	Amount 200.00
City Columbus	State O	Zip Code 43203	Form(Cash,Check,etc) Check			
Full Name of Contributor Lee Alexandra Rogowski				Registration Number, if PAC		
Street Address 182 Corbins Mill Dr	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1	Amount 250.00
City Dublin	State O	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Luftman Heck and Associates LLP				Registration Number, if PAC		
Street Address 580 E Rich St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1	Amount 300.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Troy J Doucet				Registration Number, if PAC		
Street Address 700 Stonehenge Parkway, 2B	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1	Amount 500.00
City Dublin	State O	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor SMDHLS Bonding Co LLC				Registration Number, if PAC		
Street Address 571 S High St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1	Amount 500.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

* 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 \$ 1,900.00