

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 J. Scott Weisman					Registration Number, if PAC				
Street Address 601 S. High		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
					0	1	2	6	100.00
City Columbus	State OH	Zip Code 43215		Form(Cash, Check, etc) Check					
Full Name of Contributor Abe Bahgat					Registration Number, if PAC				
Street Address 338 S. High		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
					0	1	2	6	75.00
City Columbus	State OH	Zip Code 43215		Form(Cash, Check, etc) Check					
Full Name of Contributor Dominic Mango					Registration Number, if PAC				
Street Address 5649 Van Wert Drive		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
					0	1	2	6	75.00
City Hilliard	State OH	Zip Code 432		Form(Cash, Check, etc) Check					
Full Name of Contributor George s. Breitmayer, III					Registration Number, if PAC				
Street Address 133 E. Liviginston		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
		Ross & Midian, LLC			0	1	2	6	50.00
City Columbus	State OH	Zip Code 43215		Form(Cash, Check, etc) Check					
Full Name of Contributor Jeremy Dodgion					Registration Number, if PAC				
Street Address 1188 S. High		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
					0	1	2	6	50.00
City Columbus	State OH	Zip Code 43206		Form(Cash, Check, etc) Check					
Full Name of Contributor Teresa Edwards					Registration Number, if PAC				
Street Address PO Box 126		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
					0	1	2	6	50.00
City Galloway	State OH	Zip Code 43119		Form(Cash, Check, etc) Check					
Full Name of Contributor 12 Contributions \$25.00					Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount	
					0	1	2	6	300.00
City	State OH	Zip Code		Form(Cash, Check, etc) 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

6,795.00

Total expenditures this event

Page Total \$ 700.00