

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 Cleve M. Johnson				Registration Number, if PAC	
Street Address 495 S High St, Suite 400	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Curry, Robt & Mulvey Co, LLC				Registration Number, if PAC	
Street Address 8000 Ravine's Rdge Court #103	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Columbus	State OH	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Ira B. Sully				Registration Number, if PAC	
Street Address 844 South Front Street	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Cash Contributions \$25 or less				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City	State OH	Zip Code	Form(Cash,Check,etc) Cash		Amount 75.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		Amount

* 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 \$ 425.00