

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 Seana S Ferris				Registration Number, if PAC	
Street Address 3941 Fairlington Dr	Employer/Occupation/Labor Organization*		M 11	D 07	Y 11
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Anne M Crawford				Registration Number, if PAC	
Street Address 2295 Concorde Village Drive	Employer/Occupation/Labor Organization*		M 11	D 07	Y 11
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Bernard A Ostrowski				Registration Number, if PAC	
Street Address 7262 Rosegate Pl	Employer/Occupation/Labor Organization*		M 11	D 07	Y 11
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Fred J Shoemaker				Registration Number, if PAC	
Street Address 5500 Ulry Rd	Employer/Occupation/Labor Organization*		M 11	D 07	Y 11
City Westerville	State OH	Zip Code 43081	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Kelly Law Office LLC				Registration Number, if PAC	
Street Address 111 West Rich Street, Suite 600	Employer/Occupation/Labor Organization*		M 11	D 07	Y 11
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Mark Backus				Registration Number, if PAC	
Street Address 7653 Belise Court	Employer/Occupation/Labor Organization*		M 11	D 07	Y 11
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Bob Backus				Registration Number, if PAC	
Street Address 7653 Belise Court	Employer/Occupation/Labor Organization*		M 11	D 07	Y 11
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Cash		Amount 100.00

* 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

1,810.00

Total expenditures this event

483.59

Page Total \$ 1,350.00