

Event Date	4-21-11
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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 Daniel J. Conner				Registration Number, if PAC			
Street Address 280 E. Gay Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Eric Wyne				Registration Number, if PAC			
Street Address 110 E. Comet Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	25.00
City Clinton		State OH	Zip Code 44216	Form(Cash,Check,etc) Check			
Full Name of Contributor Jeffrey D. Mackey				Registration Number, if PAC			
Street Address 1538 Melrose Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	75.00
City Columbus		State OH	Zip Code 43224	Form(Cash,Check,etc) Check			
Full Name of Contributor Russell Goodwin				Registration Number, if PAC			
Street Address 103 E. First Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	50.00
City Columbus		State OH	Zip Code 43201	Form(Cash,Check,etc) Check			
Full Name of Contributor John H. Bates				Registration Number, if PAC			
Street Address 495 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	50.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor John W. Sowers				Registration Number, if PAC			
Street Address 446 Stanley Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	50.00
City Columbus		State OH	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Thomas J. Oconnell				Registration Number, if PAC			
Street Address 695 Bryden Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	50.00
City Columbus		State OH	Zip Code 43205	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

810.00

Total expenditures this event

Page Total \$ 400.00