

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 Megan James			Registration Number, if PAC	
Street Address 555 Metro Place North	Employer/Occupation/Labor Organization* MJ2 Marketing LLC		M D Y 0 6 3 0 1 1	Amount 675.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc) Check	
Full Name of Contributor Theresa Edwards			Registration Number, if PAC	
Street Address PO Box 126	Employer/Occupation/Labor Organization* Subpoena Services Plus LLC		M D Y 0 7 0 5 1 1	Amount 100.00
City Galloway	State OH	Zip Code 43119	Form (Cash, Check, etc) Check	
Full Name of Contributor John L. Kronauge			Registration Number, if PAC	
Street Address 5245 Murfield Pl	Employer/Occupation/Labor Organization*		M D Y 0 7 1 1 1 1	Amount 150.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc) Check	
Full Name of Contributor David R. Specht			Registration Number, if PAC	
Street Address 550 Schrock Rd.	Employer/Occupation/Labor Organization*		M D Y 0 7 1 1 1 1	Amount 100.00
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, etc) Check	
Full Name of Contributor Mike James			Registration Number, if PAC	
Street Address 4967 Chaddington Dr.	Employer/Occupation/Labor Organization*		M D Y 0 7 1 3 1 1	Amount 575.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc) Check	
Full Name of Contributor Robert Maggs			Registration Number, if PAC	
Street Address 7631 Kestrel Way W	Employer/Occupation/Labor Organization*		M D Y 0 7 1 1 1 1	Amount 150.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc) Check	
Full Name of Contributor Dean Knisley			Registration Number, if PAC	
Street Address 7109 Coventry	Employer/Occupation/Labor Organization*		M D Y 0 7 1 1 1 1	Amount 150.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc) M.O.	

* 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

2,675.00

Total expenditures this event

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Page Total \$ 1,900.00