

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 Lewis Dye				Registration Number, if PAC	
Street Address 555 S Third St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Ray Critchett				Registration Number, if PAC	
Street Address 681 S Front St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Garett Hendricks				Registration Number, if PAC	
Street Address 555 S Third St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Kati Strayer				Registration Number, if PAC	
Street Address 7240 Muirfield Dr	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Dublin	State O	Zip Code 43017	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Brandi Critchett				Registration Number, if PAC	
Street Address 681 S Front St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Hans Strayer				Registration Number, if PAC	
Street Address 7240 Muirfield Dr	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Dublin	State O	Zip Code 43017	Form(Cash,Check,etc) Cash		Amount 60.00
Full Name of Contributor Jeffrey D. Mackey				Registration Number, if PAC	
Street Address 1538 Melrose Ave	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43224	Form(Cash,Check,etc) Check		Amount 75.00

* 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

4,535.00

Total expenditures this event

621.12

Page Total \$ **635.00**