

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 Adam Lee Nemann			Registration Number, if PAC	
Street Address 306 Zander Lane	Employer/Occupation/Labor Organization* Scott & Nemann		M D Y 0 8 1 0 1 1	Amount 50.00
City Gahanna	State Oh	Zip Code 43230	Form(Cash,Check,etc) Check	
Full Name of Contributor The Sharp Law Firm LLC			Registration Number, if PAC	
Street Address 495 E Mound Street	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount 50.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Paul Scott LPA			Registration Number, if PAC	
Street Address 536 S. High Street	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount 250.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Ebner Law Firm LPA			Registration Number, if PAC	
Street Address 3455 E. Broad	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount 50.00
City Columbus	State OH	Zip Code 43213	Form(Cash,Check,etc) Check	
Full Name of Contributor Kelly Law Office LLC			Registration Number, if PAC	
Street Address 111 West Rich Street	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Nick Vassy			Registration Number, if PAC	
Street Address 555 S. Third	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 1 1	Amount 50.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Rich Cline			Registration Number, if PAC	
Street Address 580 S. High Street	Employer/Occupation/Labor Organization* Attorney/Self		M D Y 0 8 1 0 1 1	Amount 50.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash	

* 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 \$ 600.00