

Event Date 4-12-11

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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 George Wolfe				Registration Number, if PAC	
Street Address 3212 N. High Street		Employer/Occupation/Labor Organization*		M D Y 0 4 1 2 1 1	Amount 50.00
City Columbus		State OH	Zip Code 43202	Form (Cash, Check, etc) Check	
Full Name of Contributor Paley For Columbus					
Street Address 668 Bellamy Place		Employer/Occupation/Labor Organization*		M D Y 0 4 1 2 1 1	Amount 100.00
City Columbus		State OH	Zip Code 43213	Form (Cash, Check, etc) Check	
Full Name of Contributor Darrin C. Leist					
Street Address 7956 Birch Creek Dr.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 2 1 1	Amount 150.00
City Columbus		State OH	Zip Code 43004	Form (Cash, Check, etc) Check	
Full Name of Contributor James H. Bownas					
Street Address 2245 Victoria Park Dr.		Employer/Occupation/Labor Organization*		M D Y 0 4 1 2 1 1	Amount 100.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc) Check	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc)	

* 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

400.00

Total expenditures this event

102.57

Page Total \$ 400.00