

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 Jay Perez				Registration Number, if PAC	
Street Address 6797 N. High Street	Employer/Occupation/Labor Organization*		M 0	D 3	Y 10
City Worthington	State OH	Zip Code 43085	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Thomas D. Hunter				Registration Number, if PAC	
Street Address 369 Inglewood Dr.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 10
City Westerville	State OH	Zip Code 43081	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Robert P. Miller				Registration Number, if PAC	
Street Address 1786 Millwood Dr.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 10
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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

3,025.00

Total expenditures this event

Page Total \$ 140.00