

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 Albert A Gabel			Registration Number, if PAC		
Street Address 7190 Coffman Rd	Employer/Occupation/Labor Organization*		M 111	D 011	Y 111
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Cindi Sours-Morehart			Registration Number, if PAC		
Street Address 4063 Riverview Dr	Employer/Occupation/Labor Organization*		M 111	D 011	Y 111
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor John A Zervas Co LPA			Registration Number, if PAC		
Street Address 326 South High Street	Employer/Occupation/Labor Organization*		M 111	D 011	Y 111
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Jacqueline M Wirtz			Registration Number, if PAC		
Street Address 50 W Oakland Ave, Apt 18	Employer/Occupation/Labor Organization*		M 111	D 011	Y 111
City Columbus	State OH	Zip Code 43201	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Stuart Keller			Registration Number, if PAC		
Street Address 354 S Merkle Rd	Employer/Occupation/Labor Organization*		M 111	D 011	Y 111
City Bexlev	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Mango Law LLC			Registration Number, if PAC		
Street Address 5649 Van Wert Dr	Employer/Occupation/Labor Organization*		M 111	D 011	Y 111
City Hilliard	State OH	Zip Code 43026	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Luftman Heck and Associates LLP			Registration Number, if PAC		
Street Address 580 E Rich St	Employer/Occupation/Labor Organization*		M 111	D 011	Y 111
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00

* 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
1,200.00

Total expenditures this event
43.50

Page Total \$ **275.00**