

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 Shawn F. Parker				Registration Number, if PAC	
Street Address 7715 Wryneck Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 11
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Jerry Peer				Registration Number, if PAC	
Street Address 250 Civic Center Drive Ste. 650	Employer/Occupation/Labor Organization*		M 0	D 6	Y 11
City Columbus	State Oh	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor William Smith				Registration Number, if PAC	
Street Address 308 W. Adams	Employer/Occupation/Labor Organization*		M 0	D 6	Y 11
City Sandusky	State OH	Zip Code 44870	Form (Cash, Check, etc) Check		Amount 500.00
Full Name of Contributor David Billiter				Registration Number, if PAC	
Street Address 8686 Olenbrook Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 11
City Lewis Center	State Oh	Zip Code 43035	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Kerry M. Donahue				Registration Number, if PAC	
Street Address 6295 Emerald Parkway	Employer/Occupation/Labor Organization*		M 0	D 6	Y 11
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Kort Gotterdam				Registration Number, if PAC	
Street Address 280 Plaza Suite 1300	Employer/Occupation/Labor Organization*		M 0	D 5	Y 11
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Drew Anthony				Registration Number, if PAC	
Street Address 1120 West State Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 11
City Lima	State OH	Zip Code 45805	Form (Cash, Check, etc) Cash		Amount 100.00

* 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

2,375.00

Total expenditures this event

948.20

Page Total \$ 1,300.00