

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>David Young for Judge Committee</b>							
Full Name of Contributor <b>Michael De Angelo</b>				Registration Number, if PAC			
Street Address <b>2251 Picket Post Ln</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>150.00</b>
				Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Don Gregory</b>				Registration Number, if PAC			
Street Address <b>6205 Plain City Georgesville Rd</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>Plain City</b>		State <b>OH</b>	Zip Code <b>43064</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>150.00</b>
				Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Douglas J Segerman</b>				Registration Number, if PAC			
Street Address <b>202 N Cassingham Rd</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>Bexlev</b>		State <b>OH</b>	Zip Code <b>43209</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>150.00</b>
				Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>OhioHealth Star Corp PAC</b>				Registration Number, if PAC <b>C00210617</b>			
Street Address <b>180 E Broad St, 34th Fl</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>150.00</b>
				Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Kevin Durkin</b>				Registration Number, if PAC			
Street Address <b>367 E Broad St, Ste 1002</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>150.00</b>
				Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Zeiger Tigges &amp; Little LLP</b>				Registration Number, if PAC			
Street Address <b>41 S High St, Ste 3500</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>500.00</b>
				Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor				Registration Number, if PAC			
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

Total expenditures this event

Page Total \$ 1,250.00