

## 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>Carl Meyer</b>			Registration Number, if PAC	
Street Address <b>1243 S High Street</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   2   5   1   1</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Roccalyn Sunburv</b>			Registration Number, if PAC	
Street Address <b>4810 Olentangy</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   2   5   1   1</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43214</b>	Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Chelsie Hibbet</b>			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   2   5   1   1</b>	Amount <b>100.00</b>
City	State <b>I</b>	Zip Code	Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Cecil &amp; Geiser LLP</b>			Registration Number, if PAC	
Street Address <b>495 S High St, Ste 400</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   0   3   1   1</b>	Amount <b>200.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Dean G. Reinhard Asset Management</b>			Registration Number, if PAC	
Street Address <b>501 South High Street</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   0   3   1   1</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Isaac, Brant, Ledman &amp; Teetor LLP</b>			Registration Number, if PAC	
Street Address <b>250 East Broad Street</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   0   3   1   1</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Cynthia Lazarus</b>			Registration Number, if PAC	
Street Address <b>88 W Beechwood Blvd</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   0   3   1   1</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43214</b>	Form(Cash,Check,etc) <b>Check</b>	

\* 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 \$ 750.00