

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
David Young For Judge Committee							
Full Name of Contributor Steve Mathless				Registration Number, if PAC			
Street Address 150 E. Mound	Employer/Occupation/Labor Organization*			M	D	Y	Amount
				0	2	1	50.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Jeff Lewis				Registration Number, if PAC			
Street Address 4474 Summit Ridge				Employer/Occupation/Labor Organization*			
Street Address 4474 Summit Ridge	Employer/Occupation/Labor Organization*			M	D	Y	Amount
				0	2	1	50.00
City Columbus	State OH	Zip Code 43220		Form(Cash,Check,etc) Check			
Full Name of Contributor Luftman & Heck				Registration Number, if PAC			
Street Address 580 E. Rich				Employer/Occupation/Labor Organization*			
Street Address 580 E. Rich	Employer/Occupation/Labor Organization*			M	D	Y	Amount
				0	2	1	75.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor James Gilbert				Registration Number, if PAC			
Street Address 4025 Riverview				Employer/Occupation/Labor Organization*			
Street Address 4025 Riverview	Employer/Occupation/Labor Organization*			M	D	Y	Amount
				0	2	1	200.00
City Columbus	State OH	Zip Code 43221		Form(Cash,Check,etc) Check			
Full Name of Contributor Gertner & Gertner				Registration Number, if PAC			
Street Address 175 S. Third				Employer/Occupation/Labor Organization*			
Street Address 175 S. Third	Employer/Occupation/Labor Organization*			M	D	Y	Amount
				0	2	1	100.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor				Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*			
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 \$ <u>475.00</u>
1,475.00		