

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				Registration Number, if PAC			
Peter Binning							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
592 S Third St				0	9	0	100.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		OH	43215	Cash			
Full Name of Contributor							
Chase Mallory							
Street Address				Registration Number, if PAC			
580 E Rich St							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
580 E Rich St				0	9	0	100.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		OH	43215	Cash			
Full Name of Contributor							
Cash Contributions Under \$25							
Street Address				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	150.00
City		State	Zip Code	Form(Cash,Check,etc)			
		I		Cash			
Full Name of Contributor							
Daniel J Fletcher							
Street Address				Registration Number, if PAC			
150 E Mound St, Ste 301							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
150 E Mound St, Ste 301				0	9	0	150.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		OH	43215	Check			
Full Name of Contributor							
Katherine I Gantt							
Street Address				Registration Number, if PAC			
7325 Chaparral Rd							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
7325 Chaparral Rd				0	9	0	150.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		OH	43235	Check			
Full Name of Contributor							
Laura M Nesbitt							
Street Address				Registration Number, if PAC			
2657 Amberwick Pl							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2657 Amberwick Pl				0	9	0	150.00
City		State	Zip Code	Form(Cash,Check,etc)			
Hilliard		OH	43026	Check			
Full Name of Contributor							
Dustin M Blake Co LLC							
Street Address				Registration Number, if PAC			
580 S High St, Ste 200							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
580 S High St, Ste 200				0	9	0	150.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		OH	43215	Check			

* 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

1,400.00

Total expenditures this event

0.00

Page Total \$ 950.00
