Event Date	7-3-11
Page	1

Statement of Contributions Received at a Social or Fundraising Event

	riescribed by Se	ecretary of State 3/05				
Name of Committee in Full						
David Young For Judge Comm	it <u>tee</u>		T			
Full Name of Contributor		Registration Number, if PAC				
Michael Kennedy						_
Street Address	Employer/Occupation/Labor Organization*		M D		Amount	400.00
7520 Maynooth Drive			0 7 0 3			100.00
City	State	Zip Code	Form(Cash,Chec			
Dublin	OH	OH 43017		Check		
Full Name of Contributor			Registration Nur	nber, if PA	С	
Paul F. Desantis			1., 1.			
Street Address	Employer/Occupation/Labor Organization*		M D		Amount	100.00
5763 Banavie Court		To a t	0 7 0 4			100.00
City D. 1.1.	State	Zip Code	Form(Cash,Chec			
Dublin	OH	430147		Check Registration Number, if PAC		
Full Name of Contributor			Registration Nun	nber, it PAC	C	
Mark Bodnar		2 4 1 0 1 2 4	1 1 1 1	I v I	l	
Street Address	Employer/Occu	pation/Labor Organization*	$\begin{bmatrix} M & D \\ 0 & 7 & 0 & 3 \end{bmatrix}$		Amount	100.00
PO Box 451160						100.00
City TAZ = #1 = 1 = =	State	Zip Code	Form(Cash,Chec			
Westlake Full Name of Contributor	OH	44145-0629	Chec Registration Num			
			Registration Num	nber, it PA	C	
Carol Clinton Street Address	E-malesses/Oeess		M D	Υ	Amount	
5308 River Forest Rd.	Employer/Occupation/Labor Organization*		0 6 3 0	1 .	Апошц	300.00
City	Clinton Ventures LLC State Zip Code		Form(Cash,Chec	l 1 1 1		300.00
Dublin	1	1 .	Chec			
Full Name of Contributor	OH 43017		Registration Num		ė.	٠
John Andrews			registration run	iibei, II i 700	C	
Street Address	Furnished Compation II short Organization*		M D	Y	Amount	
6108 Wynford Drive	Employer/Occupation/Labor Organization*		0.704	1 1	Amount	100.00
City	State	Zip Code	Form(Cash,Chec		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100.00
Dublin	OH	43017	Chec	' '		
Full Name of Contributor	TOH!	1OH 43017		Registration Number, if PAC		
This Plane of Community			i i i i i i i i i i i i i i i i i i i			
Street Address	Employer/Occu	pation/Labor Organization*	M D	Y	Amount	
City	State	Zip Code	Form(Cash,Chec	k,etc)		
		'	` '	, ,		
Full Name of Contributor			Registration Nun	nber, if PAG	C	
			1 .			
Street Address	Employer/Occupation/Labor Organization*		M D	Y	Amount	
				+ $+$ 1		
City	State	Zip Code	Form(Cash,Chec	k,etc)		4 U (TVF
			1			
			•			

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 \$
700.00	349.06	

^{*} 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)]