Event Date	5/23/14
Page	7

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Seco	retary of State 3/05			
Name of Committee in Full					
David Young for Judge Committee	<u> </u>				
Full Name of Contributor			Registration Nu	mber, if PAC	
Dirk Greene					
Street Address	Employer/Occupa	tion/Labor Organization*	M D	Y Amount	
306 E North Broadway St			0 5 3 0		50.00
City	State	Zip Code	Form(Cash,Che	ck,etc)	
Columbus	<u> </u>	43214	Cas		
Full Name of Contributor			Registration Nu	mber, if PAC	
Kelly Greene					
Street Address	Employer/Occupa	tion/Labor Organization*	M D	Y Amount	
306 E North Broadway St			015 310		50.00
City		Zip Code	Form(Cash,Che		
Columbus	O H	43214	Cas		
Full Name of Contributor			Registration Nu	mber, if PAC	
Annette Busch					
Street Address	Employer/Occupa	tion/Labor Organization*	M D	Y Amount	
5628 Breshly Way			0 5 3 0		40.00
City	State	Zip Code	Form(Cash,Che		
Westerville	O H	43081	Casi		
Full Name of Contributor			Registration Nu	mber, if PAC	
Mike Albritain	laa			1 T.	
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	40.00
5399 Redwater Dr		[a: a :	0 5 3 (Form(Cash,Che) 1 4	40.00
City		Zip Code			
Dublin	O H	43017	Cas		
Full Name of Contributor			Registration Nu	mber, if PAC	
Alan Lichtesien Street Address	Ir. 1. 60	d. 7.1. O	M D	Y Amount	
1	Employer/Occupa	tion/Labor Organization*		i i	25.00
834 Sheridan Ave	Control	7'- 6-1-	0 5 3 (Form(Cash,Che		25.00
City	1	Zip Code			
Bexlev	<u> </u>	43209	Cas Registration Nu		
Full Name of Contributor			Registration Nu	moer, it FAC	
Leah Wagenbrenner	Ir1(O		M D	Y Amount	
Street Address	Employer/Occupa	tion/Labor Organization*	0 5 3 0		100.00
2255 Tremont Rd	5	7in Code	Form(Cash,Che		100.00
Colored	State	Zip Code 43221	Cas		
Columbus Full Name of Contributor	<u> </u>	4 3221	Registration Nu		
			Registration Nu	inber, il FAC	
Mark Wagenbrenner Street Address	E-played Occupa	tion/Labor Organization*	M D	Y Amount	
	Енфюует/Оссира	non/capor Organization	015 310		100.00
2255 Tremont Rd	State	Zip Code	Form(Cash,Che		100.00
· ·	OH	43221	Cas		
Columbus	() 17	1 0 <u>441</u>	<u> </u>	11	

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
2 985 00 1	1 600.00

^{*} 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)]