31-E R.C. 3517.10(B)

Event Date	9/18/14
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

	Trescribed by a	secretary of State 3/03		
Name of Committee in Full David Young for Judge Committee				
Full Name of Contributor			Designation Number (CD+C)	
Tamra L Potts			Registration Number, if PAC	
Street Address	Employer/Occu	ipation/Labor Organization*	M D Y Amount	
6314 Edgecreek Ln	Lampio, en occi	pandir bacor Organization	1 1 1	100.00
City	State	Zip Code	Form(Cash,Check,etc)	.00.00
Columbus	I O I H	I .		
Full Name of Contributor	$10 \mid n$	43231	Check Registration Number, if PAC	
			Registration Number, it PAC	
David P Rieser	15			
Street Address	Employer/Occu	upation/Labor Organization*	M D Y Amount	
2 Miranova Pl, Ste 710				50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$O \mid H$	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Alyson C Tanenbaum			•	
Street Address	Employer/Occu	ipation/Labor Organization*	M D Y Amount	
5598 Picayune St	1			50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	-10 + H	<del>4</del> 3221	Check	
Full Name of Contributor			Registration Number, if PAC	
David B Pariser				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
2557 Bexlev Park Rd			0 9 2 3 1 4  1	50.00
City	State	Zip Code	Form(Cash,Check,etc)	50.00
Bexley	-0 $+$ H		Check	
Full Name of Contributor	1 () 1 11	40207	Registration Number, if PAC	
Lawrence A Riehl LLC			Registration (Wille)	ļ
Street Address	Employer/Occi	pation/Labor Organization*	M D Y Amount	
500 S Front St, Ste 200	Linpioyenoece	paron bason organization		50.00
City	State	Zip Code	Form(Cash,Check,etc)	50.00
Columbus	O H	'		
Full Name of Contributor	() П	45215	Check	
1			Registration Number, if PAC	
Halabi Law LLC	T			
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	-0.00
88 W Main St				50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Mango Law LLC			<u> </u>	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
5649 Van Werst Dr			0 9 2 3 1 4 1	50.00
Ciry	State	Zip Code	Form(Cash,Check,etc)	
Hilliard	+0 $+$ H	43026	Check	
		<del>-</del>		

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 \$1,000.00_

<sup>\*</sup> 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)]