31-E
R.C. 3517.10(B)

Event Date 5/23/14
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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					
Edward A Szczvpinski						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
1257 Fishinger Rd		05	30	14	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
Columbus	OH	43221	Check			
Full Name of Contributor	**Registration Number, if PAC**					
Karen S Folev						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
4898 Sharon Ave		05	30	14	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
Columbus	OH	43214	Check			
Full Name of Contributor	**Registration Number, if PAC**					
Carole Depaola						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
4944 Buck Thorn Ln		05	30	14	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
Columbus	OH	43220	Check			
Full Name of Contributor	**Registration Number, if PAC**					
Marv E Lvbik						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
5763 Banavie Ct		05	30	14	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
Dublin	OH	43017	Check			
Full Name of Contributor	**Registration Number, if PAC**					
Michael W McElligott						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
511 E Jeffrev Pl		05	30	14	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
Columbus	OH	43214	Check			
Full Name of Contributor	**Registration Number, if PAC**					
M L Rickel						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
3748 Carnforth Dr		05	30	14	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
Columbus	OH	43221	Check			
Full Name of Contributor	**Registration Number, if PAC**					
James K Livecchi						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
4480 Rosemary Pkwy		05	30	14	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
Columbus	OH	43214	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

Total expenditures this event

Page Total $ 700.00