

Event Date 4/10/14

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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 Norman Q Anderson				Registration Number, if PAC	
Street Address 295 Stewart Ave	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43206	Amount 50.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Mark J Miller				Registration Number, if PAC	
Street Address 555 City Park Ave	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Amount 50.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Joseph M Gibson				Registration Number, if PAC	
Street Address 625 S Lazelle St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43206	Amount 50.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Mary Todd Caswell				Registration Number, if PAC	
Street Address 4720 Old Ravine Ct	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43220	Amount 50.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Peter J Binning				Registration Number, if PAC	
Street Address 592 S Third St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Amount 50.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Merisa K Bowers				Registration Number, if PAC	
Street Address 400 S 5th St, Ste 101	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Amount 50.00	Form(Cash, Check, etc) Check	
Full Name of Contributor Luftman, Heck and Associates LLP				Registration Number, if PAC	
Street Address 580 E Rich St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Amount 50.00	Form(Cash, Check, etc) 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 \$ 350.00