Event Date	6/12/14
Page	11

## Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full   David Young for Judge Committee   Full Name of Committee   Full Young for Judge Committee   Full Young for Grant		Prescribed by Se	cretary of State 3/05				
Full Name of Commbutor   Megan Grant	Name of Committee in Full		•				
Megan Grant	David Young for Judge Committee						
Sure   Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount				Registration Number, if PAC	Registration Number, if PAC		
1188 S High St		1					
State   Zip Code   Form(Cash, Check, etc)   Cash		Employer/Occur	oation/Labor Organization*	1 1 1 1 1 1 1 1			
Columbus	1188 S High St			[0 6[1 4]1 4]	50.00		
Full Name of Contributor	1 '	<u> </u>	1 -	Form(Cash,Check,etc)			
Jeff Szczypinski   Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount   100.00		<u> 0   H</u>	43206	Cash			
Sure   Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount   100.00				Registration Number, if PAC			
Table	Jeff Szczypinski						
State   Zip Code   Cash   Form(Cash, Check, etc)   Cash   Fell Name of Contributor   Anonymous Cash Contributions	Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount	-		
State   Zip Code   Cash   Form(Cash, Check, etc)   Cash   Fell Name of Contributor   Anonymous Cash Contributions	78 E Chestnut St			0 6 1 4 1 4	100.00		
Full Name of Contributor		State	Zip Code				
Full Name of Contributor	Columbus	ПОТН	43215	Cash			
Employer/Occupation/Labor Organization*			,				
Employer/Occupation/Labor Organization*	Anonymous Cash Contributions			-			
State	·	Employer/Occur	nation/Labor Organization*	M D Y Amount			
State		Zimpio, cirottapanos tantos os gamanos.			30.00		
Cash   Registration Number, if PAC   Pieri Law Office LLC	City	State	Zin Code		50.00		
Registration Number, if PAC		1					
Pieri Law Office LLC	Full Name of Contributor	<u> </u>		•			
Street Address				registration (value), ii i ve			
1238 Neil Ave		England Organism Caban Organism Caban		M I D I V I Amount			
Columbus		Employer/Occupanon/Labor Organization*			25.00		
Columbus		S	77. 0.1	U 0 1 4 1 4  .	25.00		
Full Name of Contributor   Michaela Hahn-Lawson	1 ·	1	1 '				
Michaela Hahn-Lawson   Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount   O   6   1   4   1   4   25.00		()   H	43201				
Street Address  1089 Oakwood Blvd  City Painesville Pa				Registration Number, if PAC			
1089 Oakwood Blvd							
State   Zip Code   Form(Cash, Check, etc)		Employer/Occup	oation/Labor Organization*		2= 00		
Painesville			•	016[114]114	25.00		
Full Name of Contributor   John W Keeling	II *		1 .				
Street Address		$0 \mid H$	44077				
Street Address				Registration Number, if PAC			
City	John W Keeling						
State   Zip Code   Form(Cash,Check,etc)   Check	Street Address	Employer/Occup	oation/Labor Organization*		-		
Columbus         O   H   43214         Check           Full Name of Contributor         Registration Number, if PAC           Richard S Ketcham         Street Address         Employer/Occupation/Labor Organization*         M   D   Y   Amount           1937 Elmwood Ave         0   6   1   4   1   4   50.00           City         State   Zip Code   Form(Cash, Check, etc)	679 Overbrook Dr			0 6 1 4 1 4	50.00		
Registration Number, if PAC	City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor   Registration Number, if PAC	Columbus	O   H	43214	Check			
Street Address				Registration Number, if PAC			
Street Address	Richard S Ketcham						
City State Zip Code Form(Cash,Check,etc)		Employer/Occupation/Labor Organization*		M D Y Amount			
City State Zip Code Form(Cash,Check,etc)	La contraction of the contractio	1 ' ' '	·		50.00		
		State	Zip Code				
Commond Check			1 '				
		1 () ( 11		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

Total contributions this event	Total expenditures this event		
_		Page Total S	330.00
1 680 00	l . non l	_	

<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)]