1/24/14
7

Statement of Contributions Received at a Social or Fundraising Event

	Presented by Si	ecretary of State 3/	- -					
Name of Committee in Full								
David Young for Judge Committee								
Full Name of Contributor			Registration Number, if PAC					
Tricia A Talbott								
Street Address	Employer/Occu	pation/Labor Organ	nization*	M	D	Y	Amount	400.00
1504 E Quail Run Dr				0 1	3 0	1 4		100.00
City	State	Zip Code		1	sh,Check			经海流
Newark	O H 43055			Check			No.	
Full Name of Contributor			-	Registrat	ion Numi	ber, if PA	.C	
Jon J Saia				<u> </u>				
Street Address	Employer/Occu	pation/Labor Organ	nization*	М	D	Y	Amount	
713 S Front St				0 1	3 0	1 4		100.00
City	State	Zip Code	•	Form(Ca	sh,Check	,etc)	The same of the	STEEL ST
Columbus	$O \mid H$	432	206	(Check	<	4 8 10 W 30	
Full Name of Contributor				Registrat	ion Numl	ber, if PA	.C	
Steven Mathless								
Street Address	Employer/Occu	pation/Labor Organ	nization*	М	D	Y	Amount	
150 East Mound St, Ste 308				0 1	3 0	1 4		100.00
City	State	Zip Code		Form(Ca	sh,Check	,etc)	2.学科学课	相编》,这
Columbus	- $0 + H$	432	215	(Check	<	g	10.30
Full Name of Contributor		•	-	Registrat	ion Numi	ber, if PA	C	
John P Johnson Office LLC								
Street Address	Employer/Occu	pation/Labor Organ	nization*	М	D	Y	Amount	
501 S High St				0 1	3 0	1114		100.00
City	State	Zip Code			sh,Check	,etc)	E2 27 33	F. N. E 18.2
Columbus	lo l H	432	215	(Check	<		9, 10
Full Name of Contributor	1. (7 :				ion Numl		C	alling the later of the state of the
Vassy Law Office								
Street Address	Employer/Occu	pation/Labor Organ	nization*	М	D	Y	Amount	
145 E Rich St, 2nd Fl				01	3 0	1 4	1	100.00
City	State	Zip Code			sh,Check		de 195 de la Re	and the same
Columbus	OH		215	``	Checl	<		E_{ij}
Full Name of Contributor	1 () ! 11	102			ion Num		.C	- landa beauti
Callif Bonding LLC						•		
Street Address	Employer/Occu	pation/Labor Orgai	nization*	М	D	Y	Amount	· ·
24 E Mound St	,,	,		0 1	. .	l		100.00
City	State	Zip Code	<u>-</u>		sh,Check		03.143.27	100.00
Columbus	O H	,	215		Checl			0.5150.45 P. 10.51
Full Name of Contributor	[() 11	404	210		ion Numl		C LEADER	REGISTATION S
Brian D. Joslyn						,	•	
Street Address	Employer/Occu	pation/Labor Organ	nization*	М	D	Y	Amount	
901 S High St	Inployed	Parion Parion Olgan			3 0	ł		100.00
City	State	Zip Code	******		sh,Check			- 100.00
Columbus	O H		206	1	Checl			
Columbus	10 1	1 434	400	<u> </u>	Crieci			Lift L.A.

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 No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$

^{*} 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)]