31-E
R.C. 3517.10(B)

Event Date 9/18/14
Page 32

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		
Eric Cantrell Jr					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
5300 Cemtery Rd			09 23 14	200.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Hilliard	O | H	43026	Check		
Full Name of Contributor			Registration Number, if PAC		
Lance Thompson					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
884 Village Brook Way			09 23 14	200.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O | H	43235	Check		
Full Name of Contributor			Registration Number, if PAC		
Thomas A Gjostein					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
6720 Hayhurst St			09 23 14	200.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Worthington	O | H	43085	Check		
Full Name of Contributor			Registration Number, if PAC		
Darrin C Leist					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
7956 Birch Creek Dr			09 23 14	200.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Blacklick	O | H	43004	Check		
Full Name of Contributor			Registration Number, if PAC		
Gregory S Peterson					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
7300 Pennevroyal Pl			09 23 14	200.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Dublin	O | H	43017	Check		
Full Name of Contributor			Registration Number, if PAC		
Stephen J Smith					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
10 W Broad St			09 23 14	200.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O | H	43215	Check		
Full Name of Contributor			Registration Number, if PAC		
Mark M Hunt					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
720 S High St			09 23 14	200.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O | H	43206	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 $ 1,400.00