

Event Date	4/10/14
Page	22

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 Gina Scarver				Registration Number, if PAC	
Street Address 6379 Summit Rd SW	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Pataskala	State O	Zip Code 43062	Form(Cash,Check,etc) Cash		Amount 20.00
Full Name of Contributor Jo Kuser				Registration Number, if PAC	
Street Address 389 Library Park	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Megan Grant				Registration Number, if PAC	
Street Address 1188 S High St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Cash		Amount 60.00
Full Name of Contributor Stacie Sydow				Registration Number, if PAC	
Street Address 155 W Main St, Ste 200A	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 60.00
Full Name of Contributor Joe Landusky				Registration Number, if PAC	
Street Address 901 S High St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43205	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Jeffrey T Stavroff				Registration Number, if PAC	
Street Address 250 Daniel Burnham Sq, Unit 307	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Umberto A Debeneditto Jr				Registration Number, if PAC	
Street Address 2176 Victoria Park Dr	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 25.00

* 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

4,465.00

Total expenditures this event

0.00

Page Total \$ 340.00