31-E
R.C. 3517.10(B)

Event Date 10/1/14
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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	Registration Number, if PAC					
Dennis G Day						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
330 S High St		10	04	14	100.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43215	Cash			
Full Name of Contributor	Registration Number, if PAC					
Jeffrey Poth						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
495 S High St		10	04	14	50.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43215	Cash			
Full Name of Contributor	Registration Number, if PAC					
Ken Blumenthal						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
495 S High St		10	04	14	100.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43215	Cash			
Full Name of Contributor	Registration Number, if PAC					
Stacie Sydow						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
155 W Main St, Ste 200A		10	04	14	60.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43215	Cash			
Full Name of Contributor	Registration Number, if PAC					
Zach Mayo						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
401 E Jenkins		10	04	14	20.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43207	Cash			
Full Name of Contributor	Registration Number, if PAC					
Dennis O Kaps						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
61 Leland Ave		10	04	14	50.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43214	Check			
Full Name of Contributor	Registration Number, if PAC					
Joel E Kaiser						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
389 Library Park Ct		10	04	14	50.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43215	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: 2,380.00

Total expenditures this event: 282.82

Page Total $ 430.00