

Event Date	<u>2/27/14</u>
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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 Adam S Friedman			Registration Number, if PAC	
Street Address 139 E Lakeview Ave	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 4	Amount 25.00
City Columbus	State O H	Zip Code 43202	Form(Cash,Check,etc) Check	
Full Name of Contributor Edward A Szczypinski			Registration Number, if PAC	
Street Address 78 E Chestnut St, Apt 406	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Constance Gadell-Newton			Registration Number, if PAC	
Street Address 1021 East Broad Street	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43205	Form(Cash,Check,etc) Check	
Full Name of Contributor Cecily L Ferris			Registration Number, if PAC	
Street Address 905 S High St	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeffrey M Lewis			Registration Number, if PAC	
Street Address 4474 Summit Ridge Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 4	Amount 100.00
City Upper Arlington	State O H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Albert A Gabel			Registration Number, if PAC	
Street Address 7190 Coffman Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 4	Amount 100.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Sydow Leis LLC			Registration Number, if PAC	
Street Address 155 W Main St, Ste 200A	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) 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

3,021.55

Total expenditures this event

400.55

Page Total \$ **475.00**