Statement of Contributions Received

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			
Zeiger Tigges & Little LLP			1102301		1001, 11 1 1		
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
41 S High St, Ste 3500	Zinpioyenocea	ALIGIT ENDOX OTEMBERION				Check	
City	State	Zip Code	Тм	D	Y	Amount	
Columbus	OIH	43215	012				
Full Name of Contributor	1011	1 43213		_		500.00	
Full Name of Contributor Registration Number, if PAC Contributions from Form 31-E							
Street Address	Employer/Occur	nation/Labor Organization*		_		Fam (Cash Chash as)	
	Linpioyenoccup	ation caso: Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	ΙΥ	A	
	State	Zip Code	I .			Amount	
Full Name of Contributor	i		0 2				
Ross & Midian LLC			Registra	nion Nur	iber, if PA	iC.	
Street Address	Elou(O	anian // aban Oiii	<u> </u>			r (0 1 00 1)	
309 S 4th St, Ste 100	Employer/Cecup	ation/Labor Organization*				Form (Cash, Check, etc.)	
309 3 4th 5t, 5te 100 City	· · · · · · · · · · · · · · · · · · ·	7: 0.1	1	I s		Check	
1 ·	State H	Zip Code	M	D	Y	Amount	
Columbus Full Name of Commbusor	IO H	43215	0 3		1 5	100.00	
			Registra	mon Num	ber, if PA	С	
Matthew S Halley Street Address	IF10		ŀ				
52 W Whittier St	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
City Whittier St		Ta: la .		1 -	T	Check	
l · ·	State H	Zip Code	M	D	Υ	Amount	
Columbus Full Name of Contributor	10 H	43206		0 4	1 5	100.00	
registration number, it rac							
Gertner & Gertner Street Address	F			-			
	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
175 S Third, #505		[a: a]	1			Check	
· ·	State O H	Zip Code	M	D .	Y	Amount	
Columbus Full Name of Contributor	0 H	43215		0 4		100.00	
registation (sume), if the							
Bradlev P Koffel LLC Street Address	Ir 10						
	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1801 Watermark Drive, Ste 350	 	[2: 0 i	1			Check	
•	O H	Zip Code	M	D	Υ	Amount	
Columbus Full Name of Contributor	OIH	43215			1 5		
run Name of Contributor			Kegistra	tion Num	ber, if PA	C	
Street Address	I Employer (Oceans	nian/Labor Ouronianiani				Form (Cash, Check, etc.)	
Sheet ridatess	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zin Code	T 14		ı v	A	
Chy	State	Zip Code	M L	D I	Y	Amount	
Full Name of Contributor Registration Number, if PA					<u> </u>		
Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
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City	State	Zin Code	Lv		v	Amount	
ieny I	State 1	Zîp Code	M	D I	Y	Amount	
squired for contributions from individuals over \$100 to statewide and con-	1 1	1	į i		!		

Page Total \$	4,595.00

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)}