

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>David Young for Judge Committee</b>							
Full Name of Contributor <b>Bill R. Hedrick</b>					Registration Number, if PAC		
Street Address <b>535 West First Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>1   2</b>	D <b>2   3</b>	Y <b>1   1</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Columbus Central Ohio Building Trades Council-Education Fund</b>					Registration Number, if PAC		
Street Address <b>555 E Rich St, Rm 217</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>1   2</b>	D <b>2   3</b>	Y <b>1   1</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Connie Belshe</b>					Registration Number, if PAC		
Street Address <b>6805 Ingalls Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Galena</b>	State <b>O   H</b>	Zip Code <b>43021</b>	M <b>1   2</b>	D <b>2   3</b>	Y <b>1   1</b>	Amount <b>575.00</b>	
Full Name of Contributor <b>Contributions from Form 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b> </b>	Zip Code	M <b>0   1</b>	D <b>2   6</b>	Y <b>1   2</b>	Amount <b>6,795.00</b>	
Full Name of Contributor <b>Contributions from Form 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b> </b>	Zip Code	M <b>0   2</b>	D <b>0   3</b>	Y <b>1   2</b>	Amount <b>1,475.00</b>	
Full Name of Contributor <b>Anonymous Contribution of \$50</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Credit Card</b>		
City	State <b> </b>	Zip Code	M <b>0   2</b>	D <b>0   1</b>	Y <b>1   2</b>	Amount <b>50.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b> </b>	Zip Code	M <b> </b>	D <b> </b>	Y <b> </b>	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b> </b>	Zip Code	M <b> </b>	D <b> </b>	Y <b> </b>	Amount	

\* 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)]

Page Total \$ **9,195.00**