Page	2
-	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
David Young for Judge Commi	ittee					
Full Name of Contributor			Registrati	on Numb	per, if PAG	С
Bill R. Hedrick						
Street Address	Employer/Occupa	uion/Labor Organization*				Form (Cash, Check, etc.)
535 West First Ave						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43215	1 2	2 3	1 1	50.00
Full Name of Contributor			Registrati	on Numl	ber, if PA	С
Columbus Central Ohio Buildi	ng Trades Council-	Education Fund				
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
	1	•				Check
555 E Rich St, Rm 217	State	Zip Code	М	Đ	ΙΥ	Amount
City	OTH	43215	1 2	2 3	1 1	250.00
Columbus	101.1	43213			ber, if PA	
Full Name of Contributor			110,550		•	
Connie Belshe	ls	ation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	Employer/Occup	anon/Labor Organization				Check
6805 Ingalls Ct		Ta: 0.1	М	D	Ϋ́	Amount
City	State	Zip Code				575.00
Galena	<u> </u>	43021	1 2	2 3		
Full Name of Contributor			Registrat	ion Num	ber, if PA	i.
Contributions from Form 31-E						Tr (Carl. Charl. ma.)
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
		<u>. </u>			1	
City	State	Zip Code	M,	D	Y	Amount
			01	2 6		6,795.00
Full Name of Contributor			Registra	tion Num	ber, if PA	VC.
Contributions from Form 31-E						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
(*,		1	012	013	112	1,475.00
Full Name of Contributor			Registra	tion Num	iber, if PA	AC
Anonymous Contribution of \$	50					
Street Address	Employer/Occup				Form (Cash, Check, etc.)	
Street Address	,,	•				Credit Card
	State	Zip Code	М	D	Y	Amount
City ⁻	1	1	012	011	1 2	50.00
		<u></u>	Registra	uion Nun	nber, if P	AC
Full Name of Contributor			110,000			
	- Is	pation/Labor Organization*		_		Form (Cash, Check, etc.)
Street Address	Employer/Occup	pation Ciganization				
		Trin Code	М	D	ΙΥ	Amount
City	State	Zip Code	\ ''',		1 1	
			70	vian Nur	nber, if P	AC
Full Name of Contributor			Registra	rion tam		
	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
Street Address	Employer/Occur	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
					1	
City	State	Zip Code	M	D	Y	Amount
				1_1	1	<u> </u>
		11.1 . If Thursan in palf o	malariad the	occupation	on and the	name of the

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 S	9,195. <u>00</u>