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Statement of Contributions Received

Prescribed by Secretary of State 3/05

5. 40							
Name of Committee in Full							
David Young for Judge Committee Full Name of Contributor		Registration Number, if PAC					
			Registra	uon ram	W 1, U 17		
Jennifer Ventresco	Employer/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)	
	Employenoceup	andividador Organization				Credit Card	
49451 Foxwood Ln	State	Zip Code	М	D	ΙΥ	Amount	
E Palestine	OH	44413		015	1 .	200.00	
Full Name of Contributor	10111	11113			ber, if PA		
K. Sue Folev			, ceasure		Jei, II		
Street Address	[Employer/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)	
Savet Made So	Employer occupation bassi organization					Credit Card	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43214			111	125.00	
Full Name of Contributor	1011	13211			1		
Full Name of Contributor Registration Number, if PAC Ace Investigations							
Street Address	Employer/Occur	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
1000 Urlin Ave, Apt 1821	Simpley Co-Security Subset Of Emilianion			Credit Card			
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОІН	43212	019	212	1 1 1	25.00	
Full Name of Contributor		10212			ber, if PA		
Paul Heller							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
12 E 49th St, 34 Fl		-				Credit Card	
City	State	Zip Code	М	D	Y	Amount	
New York	NIY	10017	019	217	1 1 1	500.00	
Full Name of Contributor	1 - 1				ber, if PA		
Frederic Portman							
Street Address	Employer/Occup	ation/Labor Organization*		-		Form (Cash, Check, etc.)	
471 E Broad St, #1820		•				Credit Card	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43215	110	110	1 1 1	200.00	
Full Name of Contributor	•			tion Num	ber, if PA	С	
Carl Aveni							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
199 W Dominion Blvd						Credit Card	
City	State	Zip Code	М	D	Y	Amount .	
Columbus	OIH	43214	110	1 4	1 1	100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
William Woods							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1022 Blind Brook Dr			Credit Card				
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43235		1 8		50.00	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State	Zîp Code	М	D	Y	Amount	

Page Total \$ 1,200.00

[•] 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)]