Page <u>11</u>
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
David Young for Judge Committee					In the Charles			
Full Name of Contributor  Contributions from Form 31-E					Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3331.13213	Lampio, un	202 22201 (TEXALDO)						
City	Stat	te	Zip Code	М	D	Y	Amount	
	1			1 0	015	111	505.00	
Full Name of Contributor Registration Number, if PAC								
Contributions from Form 31-E								
Street Address	Employer	tion/Labor Organization*				Form (Cash, Check, etc.)		
C.	S		7: 0:1:	Tv	T D	1 0		
City	Stat	ie	Zip Code	$\begin{bmatrix} M \\ 1 \end{bmatrix} 0$	D	Y	Amount 1 150 00	
Full Name of Contributor						herif PA	1,150.00	
Full Name of Contributor Registration Number, if PAC Franklin County Democratic Party Judicial Account								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
271 East State Street						Check		
City	Stat	te	Zip Code	М	D	Y	Amount	
Columbus	0	Н	43215	1 0		111	1,000.00	
Full Name of Contributor Registration Number, if PAC								
Franklin County Democratic Lawyers PAC								
Street Address	Employer	nion/Labor Organization*				Form (Cash, Check, etc.)		
1141 S High Street	Stat	·	Žip Code	М	l D	ΙΥ	Check Amount	
Columbus	0 1	Н	43206	110	I .	l .	1,250.00	
Full Name of Contributor	1.01		40200		ation Num			
Street Address	Employer	tion/Labor Organization*				Form (Cash, Check, etc.)		
City	Stat	te	Zip Code	M	D	Y	Amount	
	<u> </u>			1	<u> </u>			
Full Name of Contributor Registration Number, if PAC								
Street Address Employer/Occupation/Labor Organization* Form (								
Succe numess	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
City	Star	te	Zip Code	М	D	Y	Amount	
- 4	1 1		•					
Full Name of Contributor	•			Registr	ation Nur	ber, if PA	C	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
	<u> </u>		<del>-</del>	1	-			
City	Star	te	Zip Code	M	D	Y	Amount	
Full Name of Contributor Registration Number, if Pa							<u>.                                    </u>	
Pull Name of Columbia of Namoon, if the								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
City	Sta	te	Zip Code	М	D	Y	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 \$ 3,905.00