Page	<u>2</u>	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

David Young for Judge Committee Full Name of Coulmbus Steret Address Grown St Columbus Full Name of Counmbus	Name of Committee in Full								
Fall Name of Cournbator									
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					Registra	tion Num	ber, if PA	c	
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Paley for Columbus								
State Zip Code M 43215 1 1 1 1 4 100.00		Employer/Occ	upation/Labor	Organization*				Form (Cash, Check, etc.)	
State Zip Code M	545 E Town St							Check	
Full Name of Contributor John J Scott III Storet Address Employer/Occupation*Labor Organization* Form (Cash, Check, etc.)		State	Zip Code		М	D	Y	Amount	
Full Name of Coentbasor John J Scott III Sever Address G915 Macneil Drive Cty Dublin Dubl	Columbus	0 1	I 4321	5	112	111	1 4	100.00	
Employer/Occupation/Labor Organization* From (Cash, Check, etc.) Check									
Employer/Occupation/Labor Organization* From (Cash, Check, etc.) Check	John I Scott III								
State Zip Code M D M Anomati 100.00 H 43017 1 1 4 1 1 1 4 100.00 1 1 1 1 4 1 1 1 1 4 1 1		Employer/Occ	upation/Labor	Organization*				Form (Cash, Check, etc.)	
State Zip Code M	6915 Macneil Drive							Check	
Full Name of Contributor Bradley Frick and Associates Employer/Occupation/Labor Organization* Temployer/Occupation/Labor Organization* Temployer/Occupation/Lab		State	Zip Code		М	D	Y	Amount	
Full Name of Contributor Bradley Frick and Associates Employer/Occupation/Labor Organization* Registration Number, if PAC	Dublin	OIF	i 4301	7	112	111	1 4	100.00	
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check					Registra	tion Num	ber, if PA	AC	
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check	Bradley Frick and Associates				l				
Columbus Columbus Columbus Full Name of Contributions from Form 31-E Street Address Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City State Zip Code M D Y Amount Clumbus Form (Cash, Check, etc.) Check City State Zip Code M D Y Amount Check City State Zip Code M D Y Amount Check City State Zip Code M D Y Amount Check City State Zip Code M D Y Amount Check Full Name of Contributor Form (Cash, Check, etc.) City State Zip Code M D Y Amount D Y Amount City State Zip Code M D Y Amount D Y Amount City State Zip Code M D Y Amount D Y City State Zip Code M D Y Amount D Y Amount		Employer/Occ	upation/Labor	Organization*	-			Form (Cash, Check, etc.)	
State Zip Code M D Y Amount	1265 Neil Ave							Check	
Full Name of Contributor Contributions from Form 31-E Street Address Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) State Zip Code M D Y Amount 1 2 1 1 1 1 4 1 1.600.00 Registration Number, if PAC Contribution from Form 31-E Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount 0 1 1 5 1 5 1 5 1.270.00 Registration Number, if PAC Scott W Schiff & Associates Co LPA Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount Check, etc.) City State Zip Code M D Y Amount Check, etc.) City State Zip Code M D Y Amount Check, etc.) City State Zip Code M D Y Amount O Y		State	Zip Code		М	D	Y	Amount	
Full Name of Contributions Greet Address Employer/Occupation Labor Organization* Employer/Occupation Labor Organization* Form (Cash, Check, etc.) Form (Cash, Check, etc.) Form (Cash, Check, etc.) Full Name of Contribution from Form 31-E Street Address Employer/Occupation Labor Organization* Form (Cash, Check, etc.) Check City State Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Full Name of Contributor Full Name of Contributor Full Name of Contributor Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Columbus	O	1 4320	1	011	214	115	100.00	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					Registra	tion Num	ber, if PA	C	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Contributions from Form 31-E				ı				
Full Name of Contributor Contribution from Form 31-E Street Address Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City State Columbus Form (Cash, Check, etc.) State Columbus Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City State City State Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Full Name of Contributor Full Name of Contributor Full Name of Contributor Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Form (Cash, Check, etc.)		Employer/Occ	upation/Labor	Organization*				Form (Cash, Check, etc.)	
Full Name of Contributor Contribution from Form 31-E Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City State Columbus Form (Cash, Check, etc.) Form (Cash, Check, etc.) Check City State Columbus Form (Cash, Check, etc.) Check City State Columbus Form (Cash, Check, etc.) Full Name of Contributor Form (Cash, Check, etc.)	City	State	Zip Code		l M	D	Y	Amount	
Full Name of Contributor Contribution from Form 31-E Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City State Columbus Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City State Columbus Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Registration Number, if PAC Form (Cash, Check, etc.) Full Name of Contributor Form (Cash, Check, etc.)	C-1,7				1 .	111	114	1 600 00	
Contribution from Form 31-E	Full Name of Contributor	<u>. </u>		-				<u> </u>	
Street Address Employer/Occupation*Labor Organization* Form (Cash, Check, etc.)					,		·		
City State Zip Code M D Y Amount 1,270.00 Full Name of Contributor Registration Number, if PAC Scott W Schiff & Associates Co LPA Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City State Zip Code M D Y Amount Columbus O H 43215 O 2 1 4 1 5 750.00 Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount City State Zip Code M D Y Amount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Full Name of Contributor Registration Number, if PAC		Employer/Occ	unation/Labor	Organization*				Form (Cash, Check, etc.)	
Full Name of Contributor Scott W Schiff & Associates Co LPA Street Address 115 W Main St City Columbus Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Registration Number, if PAC The Cash, Check, etc.) Check City Columbus Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				_					
Full Name of Contributor Scott W Schiff & Associates Co LPA Street Address 115 W Main St City Columbus Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Registration Number, if PAC The Cash, Check, etc.) Check City Columbus Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	City	State	Zin Code		Тм	D	Y	Amount	
Full Name of Contributor Scott W Schiff & Associates Co LPA Street Address 115 W Main St City Columbus Full Name of Contributor Street Address Employer/Occupation/Labor Organization* State O H 43215 Form (Cash, Check, etc.) Check City Columbus Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	,	1	1 -7		1 .	1115	I .	1 270 00	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 115 W Main St Check Check City State Zip Code M D Y Amount Columbus Columbus Contributor Cash, Check, etc.) Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code M D Y Amount City State Zip Code M D Y Amount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Full Name of Contributor	<u> </u>	. !						
Street Address 115 W Main St City Columbus Full Name of Contributor State State State City Columbus Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)									
The Check City Columbus Columbus Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Form (Cash, Check, etc.) Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Form (Cash, Check, etc.)	· · ·	Employer/Occ	unation/Labor	Organization*		-		Form (Cash, Check, etc.)	
City Columbus Columbu		Zaipio, tii occupation zazor o gazinanio.						· · · · · · · · · · · · · · · · · · ·	
Columbus O H 43215 0 2 1 4 1 5 750.00 Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) State Zip Code M D Y Amount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)		State	Zin Code		Ιм	ГЪ	Y		
Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) State Zip Code M D Y Arnount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)		1	1 '	5				750.00	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) State Zip Code M D Y Amount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)		101-	1 4021						
City State Zip Code M D Y Amount Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Full Name of Conditions								
Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Cit.	State	Zin Code		Тм	G	Υ	Amount	
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	City	State	Zap code		"		Li		
	ull Name of Contributor Registration Number, if P.							AC .	
		Ir		O-analossis = *				Form (Cash Charle ata)	
City State Zip Code M D Y Amount	Street Address	Employer/Occupation/Labor Organization*						TOTAL (CASIL, CHECK, EIC.)	
City State Zip Code M D Y Amount					IM IS IV			Amount	
	City	State	Zip Code		M	1 1	Y	Amouni	
in I for a with size of few individuals ones \$100 to convenida and general assembly condidates. If contributor is self-employed, the occupation and the name of the		<u> </u>			<u> </u>	<u> </u>	<u> </u>		

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 \$ 3,920.00