Page		3	9

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Et ao : : n.n.		·						
Name of Committee in Full								
David Young for Judge Committee	- In		T- /					
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
Abe Bahgat								
Street Address	Description of It	M	D	Y	Fair Market Value			
338 S High St	Event Expense			1   0	$1 \mid 4$	105.00		
City	State Zip Code			Received at Fundraising Event?				
Columbus	O H 43215		✓ YES NO					
Full Name of Contributor	Employer, Occu	Registration Number, if PAC						
Street Address	Description of It	M	D	Y	Fair Market Value			
City	State	Zip Code	Pagaira	ed at Fund	Imicina E	1		
Jen.,	State	Zip Code	Kecerre	YES	naising E	NG		
Full Name of Contributor	F. J. O	1	<u> </u>		1 '05.			
Pan Name of Continuing	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC					
Street Address	Description of It	em or Service	M	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	raising Ev	vent?		
		'		YES		Пио		
Full Name of Contributor	Employer, Occur	Registration Number, if PAC						
Street Address	Description of Item or Service			D	Y	Fair Market Value		
		<u> </u>		1				
City	State	Zip Code	Receive	d as Fund	raising Ev	ent <sup>o</sup>		
				YES		No		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ution Num	iber, if PA	iC .		
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
				1				
City	State	Zip Code	Receive	d at Fund	raising Ev	ent <sup>9</sup>		
				YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
		, , , , , , , , , , , , , , , , , , , ,			•			
Street Address	Description of Item or Service		М	D	ΙΥ	Fair Market Value		
	Description of the	cm or occition	1 ";		1 '	I dit ividiket valde		
City	State	Zip Code	Pagaira	d at Fund	mainimu Er			
Cuy	Jaide	Zip Code	Kecerce	YES	raising Ev	NO		
Full Name of Contributor								
ruir Name of Contributor	r.mployer, Occup	pation, Labor Organization *	Kegistra	ition Num	iber, it PA	i.C		
Street Address	Description of It	em or Service	М	D	Y	Fair Market Value		
City	State	Zip Code	Receive	d at Fund	raisino Ex	rent?		
	1		I	YES		NG		
Full Name of Contributor	Employer, Occup	Registration Number, if PAC						
Street Address	Description of Item or Service		М	Гр	Y	Fair Market Value		
			1					
City	State	Zip Code	Receive	d at Fund	raising Fy	ent?		
	1			YES	alonig EV	No		
	1 1			,,		∟		

Page Total S105.00	Page Total \$	105.00
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<sup>\*</sup> 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)]