

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full David Young for Judge Committee							
Full Name of Contributor Eric Bowen					Registration Number, if PAC		
Street Address 5292 Big Run South Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 1 1	D 0 1	Y 1 1	Amount 100.00	
Full Name of Contributor Terry Sherman					Registration Number, if PAC		
Street Address 175 S Merkle Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1 1	D 0 1	Y 1 1	Amount 150.00	
Full Name of Contributor Cassidy Calkins					Registration Number, if PAC		
Street Address 4333 Reed Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 1 1	D 0 1	Y 1 1	Amount 200.00	
Full Name of Contributor David Hirsch					Registration Number, if PAC		
Street Address 2878 Etna St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1 1	D 0 1	Y 1 1	Amount 200.00	
Full Name of Contributor Contributions from Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State 	Zip Code	M 1 0	D 2 6	Y 1 1	Amount 1,200.00	
Full Name of Contributor Nicholas J Malagrecia					Registration Number, if PAC		
Street Address 20 W Jeffrey Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 1 1	D 0 2	Y 1 1	Amount 500.00	
Full Name of Contributor Michael Schiff					Registration Number, if PAC		
Street Address 400 Parkview Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1 1	D 1 5	Y 1 1	Amount 250.00	
Full Name of Contributor CPM Law PAC					Registration Number, if PAC OH1505		
Street Address 366 East Broad Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 1	D 1 5	Y 1 1	Amount 250.00	

* 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)]

Page Total \$ 2,850.00