## **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			Registration Number, if PAC					
John F. Hilt								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, C	heck, etc.)	
3083 Columbus Street						Check		
City	State	Zip Code	М	D	Y	Amount		
Grove City	ОН	43123	1.0	2 0	1 4	[	100.00	
Full Name of Contributor		1			ber, if PA	C		
Donald F. Kelch			1					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
5216 Dierker Road						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН	43220	1 0	2:0	1 4		250.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Steven L. Heiser								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, C	heck, etc.)	
1687 Doone Rd						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	IO H	43221	1 0	سيصيد	نصيف	<u> </u>	100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	i.C		
Joshua W Greenberg			_L					
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
36 S Ardmore Rd		Tail 2 .	<del></del>		<del></del>	Check		
City	State	Zip Code	M	D	Y	Amount	100.00	
Columbus	OH	43209		2 7	1 4 ber, if PA		100.00	
Full Name of Contributor			Registra	non Num	oer, ii PA			
Peter L Coratola Jr Street Address	[Employer/Occupy	ation/Labor Organization*				Form (Cash, C	heck etc.)	
	Employer/Occupation/Labor Organization*			,	Check			
37 W Bridge St, Ste 105	State	Zip Code	M	D	Y	Amount		
Dublin	OH	43017		217	1 4		100.00	
Full Name of Contributor		43017			ber, if PA	C	100.00	
Michael S Schiff			Ĭ		,			
Street Address	Employer/Occupation/Labor Organization* Fo			Form (Cash, C	heck, etc.)			
233 Preston Rd					Check			
City	State	Zip Code	M	D	Y	Amount		
Columbus	ОН	43209	1 0	2 7	$1 \mid 4$		1,000.00	
Full Name of Contributor	Registration Number, if PA			C				
Ohioans for Justice PAC			OH	[1308				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
2 Miranova Pl, #410							Check	
City	State	Zip Code	М	D	Y	Amount		
Columbus	IO H	43215	1 0	2   7	1 4	<u> </u>	500.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Dolly G Newhouse						- (a i a		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
2674 Henthorne Dr			1.4	T P	Y	Check Amount		
City	State H	Zip Code 43221	M 1:0	D 2 9	1	ZJUOWII	25.00	
Upper Arlington equired for contributions from individuals over \$100 to statewide and	~		1 0			name of the	20.00	
equired for contributions from individuals over \$100 to statewide and	general assembly candi	uates. It contitioned is sen-em	project, the C	~~upau0		Or ule		

\*Required for contributions from individuals over \$100 to statewide and general assembly candidates. It contributor is self-employed, the occupantial and the halfe 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 Tota	al \$	2,175.00