

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/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3083 Columbus Street					Check		
City	State	Zip Code	M	D	Y	Amount	
Grove City	O H	43123	1	0	2 0 1 4	100.00	
Full Name of Contributor					Registration Number, if PAC		
Donald F. Kelch							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
5216 Dierker Road					Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43220	1	0	2 0 1 4	250.00	
Full Name of Contributor					Registration Number, if PAC		
Steven L. Heiser							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1687 Doone Rd					Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43221	1	0	2 7 1 4	100.00	
Full Name of Contributor					Registration Number, if PAC		
Joshua W Greenberg							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
36 S Ardmore Rd					Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43209	1	0	2 7 1 4	100.00	
Full Name of Contributor					Registration Number, if PAC		
Peter L Coratola Jr							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
37 W Bridge St, Ste 105					Check		
City	State	Zip Code	M	D	Y	Amount	
Dublin	O H	43017	1	0	2 7 1 4	100.00	
Full Name of Contributor					Registration Number, if PAC		
Michael S Schiff							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
233 Preston Rd					Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43209	1	0	2 7 1 4	1,000.00	
Full Name of Contributor					Registration Number, if PAC		
Ohioans for Justice PAC					OH1308		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2 Miranova Pl, #410					Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215	1	0	2 7 1 4	500.00	
Full Name of Contributor					Registration Number, if PAC		
Dolly G Newhouse							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2674 Henthorne Dr					Check		
City	State	Zip Code	M	D	Y	Amount	
Upper Arlington	O H	43221	1	0	2 9 1 4	25.00	

\* 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)]