

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 Sheila F. Young						Registration Number, if PAC			
Street Address 10025 Orchid Ridge Lane			Employer/Occupation/Labor Organization* Mother				Form (Cash, Check, etc.) Check		
City Bonita Springs			State FL		Zip Code 34135		M 0		D 2
							Y 1		Amount 100.00
Full Name of Contributor Sheila F. Young						Registration Number, if PAC			
Street Address 10025 Orchid Ridge Lane			Employer/Occupation/Labor Organization* Mother				Form (Cash, Check, etc.) Check		
City Bonita Springs			State FL		Zip Code 34135		M 0		D 2
							Y 1		Amount 100.00
Full Name of Contributor Sheila F. Young						Registration Number, if PAC			
Street Address 10025 Orchid Ridge Lane			Employer/Occupation/Labor Organization* Mother				Form (Cash, Check, etc.) Check		
City Bonita Springs			State FL		Zip Code 34135		M 0		D 2
							Y 1		Amount 1,000.00
Full Name of Contributor Rourke & Blumenthal LLP						Registration Number, if PAC			
Street Address 495 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State OH		Zip Code 43215		M 0		D 3
							Y 0		Amount 100.00
Full Name of Contributor Rourke & Blumenthal LLP						Registration Number, if PAC			
Street Address 495 S. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State OH		Zip Code 43215		M 0		D 3
							Y 0		Amount 250.00
Full Name of Contributor Richard Termuhlen						Registration Number, if PAC			
Street Address 495 Columbia Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State OH		Zip Code 43209		M 0		D 3
							Y 0		Amount 20.00
Full Name of Contributor Jody Shampton-Moore						Registration Number, if PAC			
Street Address 71 Waters Edge			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Sparta			State NJ		Zip Code 07871		M 0		D 3
							Y 1		Amount 200.00
Full Name of Contributor Kevin E. Griffith						Registration Number, if PAC			
Street Address 2084 Tremont Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State OH		Zip Code 43221		M 0		D 3
							Y 0		Amount 200.00

* 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 \$ 1,970.00