	Page	15
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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					
David Young for Judge Committee					
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Number, if PAC		
Valter Veliu					
Street Address ·	Description of Ite	m or Service	M D Y Fair Market Value		
912 S High St	l Fo	od & Drink	0 5 0 8 1 4 600.00		
City	State	Zip Code	Received at Fundraising Event?		
Columbus	ОІН	43206	✓ YES NO		
Full Name of Contributor		pation, Labor Organization *	Registration Number, if PAC		
Tall the or contributor	Lampioyer, Geen	Anon, Europe Organization	regulation realiset, it title		
Street Address	Description of Ite	om or Service	M D Y Fair Market Value		
Succi Addiess	15cscription of ite	an or service	I I I I I I I I I I I I I I I I I I I		
	+	In: a l			
City	State	Zip Code	Received at Fundraising Event?		
	<u> </u>		L YES NO		
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Ite	m or Service	M D Y Fair Market Value		
City	State	Zip Code	Received at Fundraising Event?		
 	1 1		YES NO		
Full Name of Contributor	Employer Occur	nation, Labor Organization *	Registration Number, if PAC		
ren rane or Contributor	Laspioyer, Occup	anon, Labor Organization	registration number, in the		
	D 1.1 01		1		
Street Address	Description of Ite	em or Service	M D Y Fair Market Value		
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City :	State	Zip Code	Received at Fundraising Event?		
	1 +		YES NO		
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service		M D Y Fair Market Value		
City	State	Zip Code	Received at Fundraising Event?		
 ,	1		TYES TNO		
Full Name of Contributor	Employee Occur	nation, Labor Organization *	Registration Number, if PAC		
rui Name of Contributor	Employer, Occup	ration, Labor Organization	Registration Number, it FAC		
			Ly la ly la ly		
Street Address	Description of Ite	em or Service	M D Y Fair Market Value		
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City	State	Zip Code	Received at Fundraising Event?		
			YES NO		
Full Name of Contributor	Employer, Occup	nation, Labor Organization *	Registration Number, if PAC		
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Street Address	Description of Ite	em or Service	M D Y Fair Market Value		
det Addess					
City	State	Zip Code	Received at Fundraising Event?		
City) State	Zip Code	YES NO		
200 2	Ir la Oa				
Full Name of Contributor	Employer, Occupation, Labor Organization •		Registration Number, if PAC		
Street Address	Description of Item or Service		M D Y Fair Market Value		
_					
City	State	Zip Code	Received at Fundraising Event?		
€	[']		YES NO		

Page Total \$ ____600.00

^{*} 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)]