

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 Keith A Yeazel					Registration Number, if PAC		
Street Address 905 South High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor Jeffrey A Berndt Attorney at Law LLC					Registration Number, if PAC		
Street Address 575 S High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 2	Amount 100.00	
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 0	D 2	Y 7	Amount 3,021.55	
Full Name of Contributor Curry, Roby & Mulvey Co LLC					Registration Number, if PAC		
Street Address 30 Northwoods Blvd, Ste 300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 0	D 3	Y 1	Amount 100.00	
Full Name of Contributor Logan K Phillips					Registration Number, if PAC		
Street Address 125 N Sandusky St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Delaware	State O H	Zip Code 43015	M 0	D 3	Y 2	Amount 100.00	
Full Name of Contributor Gregg R Lewis					Registration Number, if PAC		
Street Address 625 City Park Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0	D 3	Y 2	Amount 150.00	
Full Name of Contributor Lamkin, Van Eman, Trimble & Dougherty LLC					Registration Number, if PAC		
Street Address 500 S Front St, Ste 200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 3	Y 2	Amount 250.00	
Full Name of Contributor Vorys Sater Seymour and Pease LLP Advocate for Effective Publin A					Registration Number, if PAC OH109		
Street Address 52 E Gay St, PO Box 1008		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 3	Y 2	Amount 3,600.00	

* 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)]