

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			
31 e									
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M	D	Y
							0	3	1
							1	1	1
Full Name of Contributor						Amount			
						3,025.00			
Street Address						Registration Number, if PAC			
City			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M	D	Y
							0	3	1
							2	5	1
Full Name of Contributor						Amount			
						670.00			
Street Address						Registration Number, if PAC			
City			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M	D	Y
							0	4	1
							2	1	1
Full Name of Contributor						Amount			
						400.00			
Street Address						Registration Number, if PAC			
City			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M	D	Y
							0	4	2
							1	1	1
Full Name of Contributor						Amount			
						810.00			
Street Address						Registration Number, if PAC			
City			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M	D	Y
							0	4	2
							8	1	1
Full Name of Contributor						Amount			
						1,360.00			
Street Address						Registration Number, if PAC			
City			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M	D	Y
							0	5	1
							1	9	1
Full Name of Contributor						Amount			
						765.00			
Street Address						Registration Number, if PAC			
City			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M	D	Y
							0	5	2
							6	1	1
Full Name of Contributor						Amount			
						1,160.00			
Street Address						Registration Number, if PAC			
City			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M	D	Y
							0	6	0
							9	1	1
Full Name of Contributor						Amount			
						500.00			

* 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 \$ 8,690.00