

Statement of Contributions Received

	r rescribed t	y Secretary of State 3.	/05	
Name of Committee in Full				
David Young For Judge	: Committee	}		
Full Name of Contributor	Committee			
31 e		1	Registration Number, if PA	C
Street Address	le 1 le	<u></u>		
	I:mpioyer/O	ccupation/Labor Organ	nization*	Form (Cash, Check, etc.)
City		i		, , , , , , , , , , , , , , , , , , , ,
•	State	Zip Code	M D Y	Amount
Full Name of Contributor			0 3 1 0 1 1	3,025
an tempe of Continuing		!	Registration Number, if PAC	3,023
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Street Address	Employer/Oc	cupation/Labor Organ	ization*	
		;		orm (Cash, Check, etc.)
City	State	Zip Code		·
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ull Name of Contributor			0 3 2 5 1 1	670
			Registration Number, if PAC	
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	Employer/Occ	upation/Labor Organi	zation* F	orm (Cash, Check, etc.)
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,	State	Zip Code	M D Y A	mount
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			The state of the s	
reet Address	Employer/Occ	pation/Labor Organiz	ration*	
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City	State	Zip Code		
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Il Name of Contributor			0 4 2 1 1 1	810.0
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eet Address	In the second	<u> </u>		
	Employer/Occu	pation/Labor Organiza	ation* For	m (Cash, Check, etc.)
City		<u></u>	j	, , ,,
- Ay	State	Zip Code	M D Y Am	ownt
Name of Contributor			0 4 2 8 1 1	
r Name or Contributor			Registration Number, if PAC	1,360.0
			PACE TARREST, II PACE	
et Address	Employer/Occur	ation/Labor Organiza	tion*	
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	State	Zip Code		
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Name of Contributor		<u></u>	0 5 1 9 1 1	765.0
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et Address	To be			
	Employer/Occup	ation/Labor Organizati	ion* Form	(Cash, Check, etc.)
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Name of Contributor			Registration Number, if PAC	1,160.00
		:	registration Number, if PAC	
t Address	Entployer/Occupa	tion/Labor Organization		
	, secupa	Caton Organizano	Form	(Cash, Check, etc.)
	Ctara	72-0-1		
	State	Zip Code	M D Y Amou	ınt
	o statewide and general assembly candid		0 6 0 9 1 1	500.00

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	