

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 4
							Y 1		Amount 1,000.00
Full Name of Contributor David Goldstein						Registration Number, if PAC			
Street Address 326 S. High			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Pay Pal		
City Columbus			State OH		Zip Code 43215		M 0		D 4
							Y 1		Amount 250.00
Full Name of Contributor Eric L. Zalud						Registration Number, if PAC			
Street Address 3576 Thornapple Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pepper Pike			State OH		Zip Code 44124		M 0		D 3
							Y 1		Amount 100.00
Full Name of Contributor J. Zeiger						Registration Number, if PAC			
Street Address 3500 Huntington Center			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State OH		Zip Code 43215		M 0		D 4
							Y 1		Amount 100.00
Full Name of Contributor Scott Schiff						Registration Number, if PAC			
Street Address 115 W. Main			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State Oh		Zip Code 43215		M 0		D 4
							Y 1		Amount 100.00
Full Name of Contributor Contribution \$25 or less						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City			State		Zip Code		M 0		D 4
							Y 1		Amount 25.00
Full Name of Contributor Jim Clark						Registration Number, if PAC			
Street Address 5945 Whittingham			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin			State OH		Zip Code 43017		M 0		D 4
							Y 1		Amount 50.00
Full Name of Contributor IBEW/683						Registration Number, if PAC			
Street Address 23 W. 2nd Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State OH		Zip Code 43201		M 0		D 4
							Y 1		Amount 100.00

* 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 \$ 1,725.00