

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 Frank Sublett					Registration Number, if PAC		
Street Address 6409 Shull Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Davton	State O H	Zip Code 45424	M 0 7	D 2 1	Y 1 1	Amount 5.00	
Full Name of Contributor Don McDonnell					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City	State 	Zip Code	M 0 7	D 2 6	Y 1 1	Amount 10.00	
Full Name of Contributor Kameron Devente					Registration Number, if PAC		
Street Address 5476 Fawnbrook Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0 8	D 0 4	Y 1 1	Amount 150.00	
Full Name of Contributor Martin Sublett					Registration Number, if PAC		
Street Address 315 N Jefferson St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Medina	State O H	Zip Code 44256	M 0 8	D 0 5	Y 1 1	Amount 100.00	
Full Name of Contributor William Leary					Registration Number, if PAC		
Street Address 1100 Jackson St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Toledo	State O H	Zip Code 43624	M 0 8	D 0 8	Y 1 1	Amount 300.00	
Full Name of Contributor Susan Ray					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City	State 	Zip Code	M 0 8	D 1 0	Y 1 1	Amount 50.00	
Full Name of Contributor Daniel Coletti					Registration Number, if PAC		
Street Address 8102 Windy Terrace Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dallas	State T X	Zip Code 75228	M 0 8	D 2 2	Y 1 1	Amount 50.00	
Full Name of Contributor William Hickie					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City	State 	Zip Code	M 0 8	D 2 9	Y 1 1	Amount 10.00	

* 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)]