

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 Mark Bodnar						Registration Number, if PAC			
Street Address PO Box 451160				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westlake		State OH		Zip Code 43209		M 0		D 3	
						Y 1		Amount 100.00	
Full Name of Contributor Ronald D. Wyss						Registration Number, if PAC			
Street Address 3686 C.R. 60				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Ada		State Oh		Zip Code 45810		M 0		D 3	
						Y 0		Amount 100.00	
Full Name of Contributor Michael S. Schiff						Registration Number, if PAC			
Street Address 400 S. Parkview Ave.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43209		M 0		D 3	
						Y 0		Amount 300.00	
Full Name of Contributor William Mann						Registration Number, if PAC			
Street Address 580 South High Street				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 3	
						Y 1		Amount 100.00	
Full Name of Contributor Jeffrey S. Smith						Registration Number, if PAC			
Street Address 228 Lansing Street				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43206		M 0		D 3	
						Y 2		Amount 100.00	
Full Name of Contributor Jeffrey L. Wilden						Registration Number, if PAC			
Street Address 8970 Locherbie Court				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State OH		Zip Code 43017		M 0		D 3	
						Y 1		Amount 500.00	
Full Name of Contributor Dona Ferris						Registration Number, if PAC			
Street Address 724 1/2 S. High				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Pay Pal	
City Columbus		State OH		Zip Code 43206		M 0		D 4	
						Y 0		Amount 100.00	
Full Name of Contributor John Johnson						Registration Number, if PAC			
Street Address 501 S. High				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 3	
						Y 2		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 \$ 1,400.00