



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee David Young for Judge Committee				
Full Name of Contributor Mark M Hunt			Registration Number, if PAC	
Street Address 720 S High St	Employer/Occupation/Labor Organization* Self-employed/Attorney		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 10/19/2019	Amount 250.00
Full Name of Contributor Gregg D Slemmer			Registration Number, if PAC	
Street Address 1188 S High St	Employer/Occupation/Labor Organization* Keith A. Edwards, Attorney at Law LLC/Attorney		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 10/19/2019	Amount 250.00
Full Name of Contributor Abe Bahgat			Registration Number, if PAC	
Street Address 338 S High St	Employer/Occupation/Labor Organization* Bahgat Law Offices/Attorney		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/19/2019	Amount 250.00
Full Name of Contributor Mark C Collins Co LPA			Registration Number, if PAC	
Street Address 492 S High St, 3rd Floor	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/19/2019	Amount 300.00
Full Name of Contributor Robert M S Farmer Jr			Registration Number, if PAC	
Street Address 1475 Briarcliffe Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 10/19/2019	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 also appear. [R.C. 3517.10(B)(4)]