## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

|  |                                | ·                                       |                |                             |                          |                          |            |
|--|--------------------------------|---|----------------|-----------------------------|--------------------------|--------------------------|------------|
| Name of Committee in Full  |                                |   |                |                             |                          |                          |            |
| David Young for Judge Commit                                       | tee                            |   |                |                             |                          |                          |            |
| Full Name of Contributor   |                                |   |                | Registration Number, if PAC |                          |                          |            |
| Mark Bodnar  |                                |   |                |                             |                          |                          |            |
| Street Address   | Employer/Occup                 | ation/Labor Organization*               |                |                             |                          | Form (Cash, Ch           |            |
| 1777 Holdens Arbor Run   |                                |   |                |                             |                          | Credit (                 | Card       |
| City   | State                          | Zip Code                                | М              | D                           | Y                        | Amount                   |            |
| Westlake   | O H                            | 44145                                   |                | 2 0                         |                          |                          | 500.00     |
| Full Name of Contributor   |                                |   | Registra       | tion Num                    | ber, if PA               | С                        |            |
| Daniel Conner  |                                |   |                |                             |                          |                          |            |
| Street Address   | Employer/Occup                 | Employer/Occupation/Labor Organization* |                |                             | Form (Cash, Check, etc.) |                          |            |
| 208 E Gay St   |                                |   |                |                             | Credit Card              |                          |            |
| City   | State                          | Zip Code                                | M              | D                           | Y                        | Amount                   |            |
| Columbus   | O H                            | 43215                                   | 1 0            | 2 5                         | 1 4                      |                          | 50.00      |
| Full Name of Contributor   |                                |   | Registra       | tion Num                    | ber, if PA               | C                        |            |
| K Sue Foley  |                                |   |                |                             |                          |                          |            |
| Street Address   | Employer/Occup                 | ation/Labor Organization*               |                |                             |                          | Form (Cash, Ch           |            |
| 4898 Sharon Ave  |                                |   |                |                             |                          | Credit (                 | Card       |
| City   | State                          | Zip Code                                | М              | D                           | Y                        | Amount                   |            |
| Columbus   | ОН                             | 43214                                   | 1 0            | 2 7                         | 1 4                      |                          | 50.00      |
| Full Name of Contributor   |                                |   | Registra       | tion Num                    | ber, if PA               | С                        |            |
| Steven Larson  |                                |   |                |                             |                          |                          |            |
| Street Address   | Employer/Occup                 | Employer/Occupation/Labor Organization* |                |                             |                          | Form (Cash, Check, etc.) |            |
| 4967 Smoketalk Ln  |                                |   |                |                             | Credit Card              |                          |            |
| City   | State                          | Zip Code                                | М              | D                           | Y                        | Amount                   |            |
| Westerville  | OH                             | 43081                                   | 1.0            | 2 7                         | 1 4                      |                          | 400.00     |
| Full Name of Contributor   |                                |   | Registra       | ition Num                   | ber, if PA               | С                        |            |
| Tim Rankin   |                                |   |                |                             |                          |                          |            |
| Street Address   | Employer/Occup                 |   |                |                             | Form (Cash, Ch           |                          |            |
| 35 N Fourth St, Ste 100  |                                |   |                |                             |                          | Credit (                 | Card       |
| City   | State                          | Zip Code                                | M              | D                           | Y                        | Amount                   |            |
| Columbus   | OH                             | 43215                                   | 1:1            | 0 3                         | 1 4                      |                          | 250.00     |
| Full Name of Contributor   |                                |   | Registra       | tion Num                    | ber, if PA               | С                        |            |
|  |                                |   |                |                             |                          |                          |            |
| Street Address   | Employer/Occup                 | Employer/Occupation/Labor Organization* |                |                             |                          | Form (Cash, Check, etc.) |            |
| <u> </u>   |                                |   | <del></del>    |                             |                          |                          |            |
| City   | State                          | Zip Code                                | M              | D                           | Y                        | Amount                   | ,          |
|  |                                | <u></u>                                 |                | <u> </u>                    | 100                      | <u></u>                  |            |
| Full Name of Contributor   |                                |   | Registra       | tion Num                    | ber, if PA               | C                        |            |
|  | <del></del>                    |   | L              |                             |                          | E (0 \ 0                 | 1          |
| Street Address   | Employer/Occup                 | Employer/Occupation/Labor Organization* |                |                             |                          | Form (Cash, Ch           | eck, etc.) |
|  |                                | Ta: 0 1                                 | -132           | T 5                         | L V                      |                          |            |
| City   | State                          | Zip Code                                | М              | D                           | Y                        | Amount                   |            |
| <u></u>  |                                | <u> </u>                                |                |                             | 1004                     |                          |            |
| Full Name of Contributor   |                                |   | Registra       | ition Num                   | ber, it PA               | C                        |            |
| S A LL   | E1/0                           | estion// phor Organization#             |                |                             |                          | Form (Cash, Ch           | eck etc \  |
| Street Address   | Employer/Occup                 | pation/Labor Organization*              |                |                             |                          | onii (Casii, Cli         | ook, oic.) |
| Cit.   | Stt-                           | Zin Code                                | I M            | D                           | Y                        | Amount                   |            |
| City   | State                          | Zip Code                                | IVI            | "                           | `                        | 1 Milomit                |            |
| equired for contributions from individuals over \$100 to statewing | de and general association and | idates If contributor is salf a         | mployed the    | occurrence.                 | and the                  | name of the              |            |
| equired for contributions from individuals over \$100 to statewing | ue and general assembly cand   | idates, if contributor is self-ei       | mpioyed, uie ( | upanoi                      | ו שונט נווכ              | MALLE OF THE             |            |

\* 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 \$ | 1,250.00 |
|---------------|----------|