

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					Registration Number, if PAC		
Mark Bodnar							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1777 Holdens Arbor Run					Credit Card		
City	State	Zip Code	M	D	Y	Amount	
Westlake	O H	44145	1	0	2	0	14
500.00							
Full Name of Contributor					Registration Number, if PAC		
Daniel Conner							
Street Address		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	14
50.00							
Full Name of Contributor					Registration Number, if PAC		
K Sue Foley							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4898 Sharon Ave					Credit Card		
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43214	1	0	2	7	14
50.00							
Full Name of Contributor					Registration Number, if PAC		
Steven Larson							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4967 Smoketalk Ln					Credit Card		
City	State	Zip Code	M	D	Y	Amount	
Westerville	O H	43081	1	0	2	7	14
400.00							
Full Name of Contributor					Registration Number, if PAC		
Tim Rankin							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
35 N Fourth St, Ste 100					Credit Card		
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215	1	1	0	3	14
250.00							
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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)]