Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
	han						
David Young for Judge Committee Full Name of Contributor			Danietz	Registration Number, if PAC			
Mark Bodnar			VeSize	ation was	iDet, ii FA	AC.	
Street Address	Fmployer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
1777 Holdens Arbor Run	Lampio y en O e e a a p	MUDIV LAUUT O' EMITEMON				, , , , , ,	
City	State	Zip Code	Тм	T D	ΤΥ	Credit Card	
Westlake	OH	44145	110	_	1 .		
Full Name of Contributor		44147		ation Num		500.00	
Daniel Conner			I/e Eroon	سادة الكانك	1001, 1111	ii.	
Street Address	IEmployer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
208 E Gay St	Limpio, vir e coup	anon Lacor Organization					
City	State	Zip Code	М	T D	TY	Credit Card	
Columbus	OH	43215	110			50.00	
Full Name of Contributor	101	43213		ation Num			
K Sue Foley			11083	BLIVII 1 THEEL	1001, 11 1 2 1		
Street Address	Fmployer/Occur	pation/Labor Organization*	_ـــ			Form (Cash, Check, etc.)	
4898 Sharon Ave		anon cacos Organization				Credit Card	
City	State	Zip Code	М	T D	ΤΥ	Amount	
Columbus	OH	43214	110		1 .	· ·	
Full Name of Contributor		43214		ation Num	1 1 1		
Steven Larson			Versons	MOH Num	Det, ii ea	i.C	
Street Address	Employer/Occur	arian/Labor Organization*				Form (Cash, Check, etc.)	
4967 Smoketalk Ln	Employer/Occupation/Labor Organization*						
City	State	Zip Code	М	D	Ιγ	Credit Card	
Westerville	O H	43081	1 0		1		
Full Name of Contributor		45061		ation Num	1 4	400.00	
Tim Rankin			N. Kasa e	Milli i i i i i	Dei, Lira	ı.C	
Street Address	 Employer/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)	
35 N Fourth St, Ste 100	Lampioyanottap	dittil Cator Organización					
City	State	Zip Code	М	D	Тү	Credit Card	
Columbus	O H	43215	111	1 .	1 , 1		
Full Name of Contributor		43213		UI 3 ation Numi	1 4 ber if PA	250.00	
Tall Palife of Conditionor			Versua	non rem	Den, tirza	C	
Street Address	Employer/Occum	ation/Labor Organization*				Form (Cash, Check, etc.)	
Succi Address	Limpioyen Occup	attoit Labor Organization			1	rom (Casa, Check, cic.)	
City	State	Zip Code	М	D	ΙΥ	Amount	
cu,	1 1	Zip Code	"	li	'	Атоши	
Full Name of Contributor		<u> </u>	Peristra	ation Num	Lar if P∆	<u> </u>	
This Name of Conditions			Kekisua	HIOH 14min	DCI, II i i s	C	
Street Address	Fmployer/Occum	ation/Labor Organization*				Form (Cash, Check, etc.)	
Succe Andress	Lilipioyenoccup	anon Ciganzanon				FORM (Cash, Check, Cic.)	
City	State	Zip Code	Тм	l D	ĺΥ	Amount	
City	, state	Zip Code	'"	"	'	Атоши	
Full Name of Contributor	!	<u> </u>	Pegistra	tion Num	her if PA	<u> </u>	
Full Name of Contributor Registration Number, if PA					Dei, ii r A	C.	
Street Address	Employer/Occupation/Labor Organization®				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
		ł		1 '			

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