Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
David Young For Judge						
Full Name of Contributor			Registrat	ion Num	ber, if PA	C
Connie Belshe						
Street Address	Employer/Occup	pation/Labor Organization*			•	Form (Cash, Check, etc.)
6805 Ingalls Ct.						Check
City	State	Zip Code	М	D	Y	Amount
Galena	OHI	43021	1 2	0 6	1 2	575.00
Full Name of Contributor		1			ber, if PA	
Columbus Central Ohio Building Trades Council						
Street Address		pation/Labor Organization*				Form (Cash, Check, etc.)
555 E. Rich						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43215	1 1	2 9	1 1	250.00
Full Name of Contributor	1011	10410				
Full Name of Contributor Registration Number, if PAC Bill Hedrick						
Street Address	Employer/Occur	pation/Labor Organization*		-		Form (Cash, Check, etc.)
535 West First Ave.	' '					Check
City	State	Zip Code	М	D	Y	Amount
Columbus	Oh	43215	1 2		1 1	50.00
Full Name of Contributor	OII	1 40210			ber, if PA	
31-E			registra		oc,	
Street Address	Employer/Occur	pation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
Succe Addiess	Zinpioyen Occu	Janon Lador Organización				Torin (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
City	State	Zip Code	! ,		i .	
Eull Manne of Contributor		1	0 1	2 6	1 2	6,795.00
Full Name of Contributor Registration Number, if PAC						
31-E	In 1 20					F (C) (C)
Street Address	Employer/Occuj	pation/Labor Organization*				Form (Cash, Check, etc.)
C'-			1			
City	State	Zip Code	M	D	Y	Amount
	<u> </u>	<u> </u>	0 2			1,475.00
Full Name of Contributor Registration Number, if PAC						
	T					
Street Address	Employer/Occupation/Labor Organization* Form					Form (Cash, Check, etc.)
		Im. o.b.	1			-
City	State	Zip Code	М	D	Y	Amount
		<u> </u>				
Full Name of Contributor			Registrat	tion Num	ber, if PA	C
	,					
Street Address	Employer/Occuj	pation/Labor Organization*				Form (Cash, Check, etc.)
				,		
City	State	Zip Code	М	D	Y	Amount
			<u> </u>			
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
	<u> </u>					
City	State	Zip Code	М	D	Y	Amount
		<u> </u>				

* 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 \$	9,145.00