Page	5
Page	<u>5</u>

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					
Portman and Foley LLP									
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Che	ck. etc.)	
766 Northwest Blvd	Employ throw aparious basis organization						Check		
City	Sta	ate	Zip Code	Тм	D	Y	Amount		
Columbus	01	Н	43212	019	113	1 4		200.00	
Full Name of Contributor	1 ~ '				tion Num		.C	200.00	
Contributions from Form 31-E				'					
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)	
City	Sta	ate	Zip Code	М	D	Y	Amount		
	l i			019	118	114	l .	5,365.00	
Full Name of Contributor			!	_	tion Num			<u> </u>	
Michael Sexton				i					
Street Address	Employer/Occupation/Labor Organization*			_			Form (Cash, Check, etc.)		
984 Highland St							Check		
City	Sta	ite	Zip Code	М	D	Y	Amount		
Columbus	0	Н	43201	019	115	114		100.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	.C		
Coleman for Columbus								•	
Street Address	Employer	г/Оссира	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
550 E Walnut St			_			!	Check		
City	Sta		Zip Code	М	D	Y	Атоили		
Columbus	0	Н	43215	0 9	1 5	1 4		250.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	C		
Bradley Frick and Associates									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
1265 Neil Ave			,				Check		
City	Sta		Zip Code	M	D	Y	Amount		
Columbus	0	H	43201	0 9		1 4		100.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	c		
Janet K Feheley									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
843 Old Woods Rd			I		1 -		Check		
City	Sta		Zip Code	M	D	Y	Amount	150.00	
West Worthington	101	H	43235		2 3			150.00	
Full Name of Contributor				Registra	tion Num	ber, il PA	C		
Rebecca Gooch	tet	<i>'</i> O		ļ			Francisco Charles	-l \	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
336 S High St			Ti- Cada	1 1/	1 5	ΙΥ	Check Amount		
1 ⁻	Sta	ne H	Zip Code	M	D	1 .	Amount	200.00	
Columbus Full Name of Contributor	0	11	43215	0 9		1 4	<u> </u>	200.00	
l									
Citizens for Lori Tyack Street Address	Employe	r/Occure	ntion/Labor Organization*				Form (Cash, Che	ek. etc.)	
545 E Town St	amprojen overputor oncor organization			Check					
City	Sta	ate .	Zip Code	М	D	Y	Amount		
Columbus		Н	43215	019	Ι.	114		250.00	
Columbus	<u> </u>	le condic	·					200.00	

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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 6,615.00