

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 Portman and Foley LLP					Registration Number, if PAC		
Street Address 766 Northwest Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 9	D 1 3	Y 1 4	Amount 200.00	
Full Name of Contributor Contributions from Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State I	Zip Code	M 0 9	D 1 8	Y 1 4	Amount 5,365.00	
Full Name of Contributor Michael Sexton					Registration Number, if PAC		
Street Address 984 Highland St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0 9	D 1 5	Y 1 4	Amount 100.00	
Full Name of Contributor Coleman for Columbus					Registration Number, if PAC		
Street Address 550 E Walnut St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 1 5	Y 1 4	Amount 250.00	
Full Name of Contributor Bradley Frick and Associates					Registration Number, if PAC		
Street Address 1265 Neil Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0 9	D 2 3	Y 1 4	Amount 100.00	
Full Name of Contributor Janet K Feheley					Registration Number, if PAC		
Street Address 843 Old Woods Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City West Worthington	State O H	Zip Code 43235	M 0 9	D 2 3	Y 1 4	Amount 150.00	
Full Name of Contributor Rebecca Gooch					Registration Number, if PAC		
Street Address 336 S High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 2 3	Y 1 4	Amount 200.00	
Full Name of Contributor Citizens for Lori Tyack					Registration Number, if PAC		
Street Address 545 E Town St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 2 3	Y 1 4	Amount 250.00	

* 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)]