31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
David Young For Judge									
Full Name of Contributor	**Registration Number, if PAC**								
John H. Bates									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
495 S. High Street								Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	OH	43215	09	14	11			50.00	
Full Name of Contributor	**Registration Number, if PAC**								
Herbert N. Strayer, Jr.									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
6073 Ashleylynn	Attorney/Self							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Dublin	Oh	43016	09	21	11			100.00	
Full Name of Contributor	**Registration Number, if PAC**								
Dana L. Conover									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
6116 Wynford Dr.								Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Dublin	OH	43017	09	21	11			50.00	
Full Name of Contributor	**Registration Number, if PAC**								
Robert C. Bannerman									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
PO Box 77466	LLC							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	Oh	43207	09	14	11			25.00	
Full Name of Contributor	**Registration Number, if PAC**								
Kirsten Ornice Keim									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
10869 Township Road 262								Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Millersburg	OH	44654	09	13	11			575.00	
Full Name of Contributor	**Registration Number, if PAC**								
Neil Rosenberg									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
400 S. 5th Street								Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	OH	43215	09	14	11			100.00	
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**								
Law Office of Thomas Tootle Co. LPA									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
85 E. Gay Street Suite 900	Attorney/Self							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	OH	43215	09	13	11			100.00	

* 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 $ 1,000.00