



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee David Young for Judge Committee				
Full Name of Contributor Mark M Hunt			Registration Number, if PAC	
Street Address 720 S High St	Employer/Occupation/Labor Organization* Self-employed/Attorney		Form (Cash, Check, etc.) Che	
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 11/14/2019	Amount 150.00
Full Name of Contributor Keith A Edwards			Registration Number, if PAC	
Street Address 283 S 3rd St	Employer/Occupation/Labor Organization* Keith A. Edwards, Attorney at Law LLC/Attorney		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 11/14/2019	Amount 150.00
Full Name of Contributor Dye Law Office			Registration Number, if PAC	
Street Address 555 S 3rd St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 11/14/2019	Amount 150.00
Full Name of Contributor Mark C Collins Co LPA			Registration Number, if PAC	
Street Address 492 S High St, 3rd Floor	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 11/14/2019	Amount 250.00
Full Name of Contributor Taft Stettinius & Hollister Better Government Fund			Registration Number, if PAC OH1146	
Street Address 425 Walnut St, Ste 1800	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Cincinnati	State OH	Zip Code 45202	Date (MM/DD/YYYY) 11/14/2019	Amount 500.00

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