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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full					
David Young for Judge Committee Full Name of Contributor					
Kerry Donahue	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of I	tam or Caraina	M D Y Fair Market Value		
6295 Emerald Pkwy		vent Expense	0 6 2 6 1 4 553.90		
City	State Zip Code		Received at Fundraising Event?		
Dublin	OH	43016	✓ YES NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC		
Joseph Scott					
Street Address	Description of I	tem or Service	M D Y Fair Market Value		
35 E Livingston Ave	Ev	vent Expense	0 6 2 6 1 4 553.90		
City	State	Zip Code	Received at Fundraising Event?		
Columbus	<u>O   H</u>		✓ YES NG		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of I	tem or Service	M D Y Fair Market Value		
City	State	Zip Code	Received at Fundraising Event?  YES NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of I	tem or Service	M D Y Fair Market Value		
City	State	Zip Code	Received at Fundraising Event?  YES NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of I	tem or Service	M D Y Fair Market Value		
City	State	Zip Code	Received at Fundraising Event?  YES NO		
Full Name of Contributor	Employer, Occu	spation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of I	tem or Service	M D Y Fair Market Value		
City	State	Zip Code	Received at Fundraising Event?  YES NO		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of l	tem or Service	M D Y Fair Market Value		
City	State	Zip Code	Received at Fundraising Event?  YES NO		
Full Name of Contributor	Employer, Occu	ipation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of I	tem or Service	M D Y Fair Market Value		
City	State	Zip Code	Received at Fundraising Event?  YES NO		

<sup>\*</sup> 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)]