

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 Jody Shampton-Moore					Registration Number, if PAC		
Street Address 71 Waters Edge		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Sparta	State N J	Zip Code 07871	M 0	D 3	Y 1	Amount 200.00	
Full Name of Contributor Michael S. Schiff					Registration Number, if PAC		
Street Address 400 S. Parkview		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0	D 3	Y 1	Amount 300.00	
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	Zip Code	M 0	D 3	Y 1	Amount 3,025.00	
Full Name of Contributor S.M.D.H.L.S. Bonding Co. LLC					Registration Number, if PAC		
Street Address 571 S. High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 3	Y 1	Amount 100.00	
Full Name of Contributor William Mann					Registration Number, if PAC		
Street Address 580 South High St. #200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 3	Y 1	Amount 100.00	
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	Zip Code	M 0	D 3	Y 1	Amount 670.00	
Full Name of Contributor Jeffrey S. Smith					Registration Number, if PAC		
Street Address 228 Lansing Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0	D 4	Y 1	Amount 100.00	
Full Name of Contributor Eric L. Zalud					Registration Number, if PAC		
Street Address 3576 Thornapple Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pepper Pike	State O H	Zip Code 44124	M 0	D 4	Y 1	Amount 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)]