## **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			<u> </u>	Registra	ation Num	ber, if PA	С
Merisa Bowers				1			
Street Address	Employer	r/Occupa	ation/Labor Organization*	-	•		Form (Cash, Check, etc.)
363 Higlev Court		-					Credit Card
City	Sta	ite	Zip Code	М	D	Y	Amount
Gahanna		Н	43230	112	115	1   4	100.00
Full Name of Contributor Registration Number, if PAC							
Kevin McDermott				1			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
41 S High St, #3300					Credit Card		
City	Sta	ate	Zip Code	М	D	Y	Amount
Columbus		Н	43215	012	1118	115	100.00
Full Name of Contributor			<u>.                                      </u>	Registra	ation Num	ber, if PA	Ċ
Joseph Murrav							
Street Address	Employer	r/Occupa	ation/Labor Organization*	-			Form (Cash, Check, etc.)
1750 Upper Chelsea Rd							Credit Card
City	Sta	ite	Zip Code	М	D	Y	Amount
Upper Arlington	101	Н	43212	012	215	115	500.00
Full Name of Contributor				Registr	ation Num	ber, if PA	С
Street Address	Employer/Occupation/Labor Organization*				·		Form (Cash, Check, etc.)
City.			2:- 6:4-	1 14	L	ΙΥ	
City	Sta	ite	Zip Code	M	D	'i	Amount
E HAVE ASSOCIATION	j l			Di	<u> </u>	   :6 DA	C
Full Name of Contributor Registration Number, if PAC							
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
Succe Address	Lampioyer	оссира	Mon Cabot Organization				Total (Cast, Cutch, Cic.)
City	Sta	ate .	Zip Code	М	D	Y	Amount
chy	3"		Lip code	"1		i	, anomi
Full Name of Contributor	1. [		<u>!</u>	Registro	ation Num	her if PA	r
Full Name of Contributor Registration Number, if PAC							
Street Address	Employe	r/Occurs	ntion/Labor Oceanization*				Form (Cash, Check, etc.)
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
City	Stz	ate	Zip Code	М	D	Y	Amount
en,				Ιı	1	ł	
Full Name of Contributor				Registra	ation Num	ber, if PA	C .
, <u> </u>						·	
Street Address	Employe	r/Occupa	ation/Labor Organization*	-			Form (Cash, Check, etc.)
Survey reducts							
City	Şta	ate	Zip Code	М	D	Y	Amount
			'		1 1	1	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*					_	Form (Cash, Check, etc.)
City	Sta	ate	Zip Code	М	Ð	Y	Amount
1							
- in the same haring from individuals over \$100 to state yide and go	<u>'</u>		1 10 11 10 1	1 1 1 1			

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 \$	700.00