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Statement of Contributions Received

	r rescribed (by Secretary of State 3/05	•	
Name of Committee in Full				
David Young For Judge				
Full Name of Contributor		<u> </u>		
Franklin County Democrat	ic Laurussa	į	Registration Number, i	FPAC
Street Address				
1141 S. High Street	Employer/O	ccupation/Labor Organiza	tion*	Form (Cash, Check, et
City City			_	Check
Columbus	State	Zip Code	M D Y	
full Name of Contributor	OH	43206	$_{-}$ $ 1 0 1 2 1 $	1 1,25
			Registration Number, if	PAC
Franklin County Democrati		!	ł	_
	Employer/Oc	cupation/Labor Organizat	ion*	Form (Cash, Check, etc
271 E. State Street				
	State	Zip Code	M D Y	Check
Columbus Il Name of Contributor	OH	43215	11011411	
		1	Registration Number, if	1,000
Contribution Less then \$25			registration (veniger, 1)	PAC
reet Address	Employer/Occ	cupation/Labor Organization	on*	
		!		Form (Cash, Check, etc.
у	State	Zip Code		Check
		Sip Code	M D Y	Amount
Name of Contributor			0 9 2 5 1	25
Charles C. Postelwaite		!	Registration Number, if F	PAC
eet Address	Employer/Occ			
5040 Riverside	Limployer/Coch	upation/Labor Organizatio	m*	Form (Cash, Check, etc.)
у	Caraca	<u> </u>		Check
Columbus	State	Zip Code	M D Ÿ	Amount
Name of Contributor	OH	43221	0 9 2 5 11	200
Henry Eckhart			Registration Number, if P	AC 200
et Address		<u>.</u>		
1300 Chambers	Employer/Occu	pation/Labor Organization	0*	Form (Cash, Check, etc.)
1000 Chambers				Check
Columbus	State	Zip Code	M D Y	Amount
Name of Contributor	OH		1101111111	I
			Registration Number, if PA	50.
Stonewall Dems		!]	
	Employer/Occur	oation/Labor Organization	*	F (C + C +
, vanitė22	z.mpioyen/occup			
· Audiess				Form (Cash, Check, etc.)
· Audiess	State	Zip Code		Check
				Check Amount
			M D Y	Check Amount 250.0
viame of Contributor				Check Amount 250.0
iame of Contributor	State	Zip Code	M D Y	Check Amount 250,0
Name of Contributor	State		M D Y	Check Amount 250.0
viame of Contributor	State	Zip Code Labor Organization*	M D Y	Check Amount 250.0 C Form (Cash, Check, etc.)
Name of Contributor Address	State	Zip Code	M D Y	Check Amount 250,0
Jame of Contributor Address	State	Zip Code Labor Organization*	M D Y Registration Number, if PA	Check Amount 250.0 C Form (Cash, Check, etc.)
Jame of Contributor Address	State	Zip Code Labor Organization*	M D Y	Check Amount 250.0 C Form (Cash, Check, etc.)
Name of Contributor Address ame of Contributor	Employer/Occupa	Zip Code ation/Labor Organization*	M D Y Registration Number, if PA	Check Amount 250.0 C Form (Cash, Check, etc.)
Name of Contributor Address ame of Contributor	Employer/Occupa	Zip Code Labor Organization*	M D Y Registration Number, if PA	Check Amount 250.0 C Form (Cash, Check, etc.)
Name of Contributor Address Aume of Contributor Address	Employer/Occupa Employer/Occupa	Zip Code ation/Labor Organization*	M D Y Registration Number, if PA	Check Amount 250,(C Form (Cash, Check, etc.)

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 \$ 2,775.00