

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 Edwin Hiss					Registration Number, if PAC		
Street Address 4606 Maryland Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Saint Louis	State M U	Zip Code 63108	M 0	D 6	Y 3	Amount 50.00	
Full Name of Contributor David L. Dickert					Registration Number, if PAC		
Street Address 962 Stone Spring Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Eureka	State M U	Zip Code 63025	M 0	D 6	Y 3	Amount 100.00	
Full Name of Contributor Marilyn L. Sweeney					Registration Number, if PAC		
Street Address 9567 Market Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City North Lima	State O H	Zip Code 44452	M 0	D 6	Y 3	Amount 100.00	
Full Name of Contributor Margaret L Rodeghero					Registration Number, if PAC		
Street Address 3341 Governors Trl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Kettering	State O H	Zip Code 45409	M 0	D 6	Y 3	Amount 50.00	
Full Name of Contributor Antoinette A Parsons					Registration Number, if PAC		
Street Address 7217 Osprey Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Rockville	State M D	Zip Code 20855	M 0	D 6	Y 3	Amount 75.00	
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 7	Y 0	Amount 700.00	
Full Name of Contributor Monica A Young					Registration Number, if PAC		
Street Address 305 Spring Branch Rd SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Supply	State N C	Zip Code 28462	M 0	D 7	Y 1	Amount 100.00	
Full Name of Contributor Mark R Hunter					Registration Number, if PAC		
Street Address 4887 Chatelaine Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 7	Y 1	Amount 50.00	

* 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)]