Page	1
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## **Statement of Loans Received**

				Pı	rescribed b	y Secreta	ary of Sta	te3/05				
Full Name of Committee	C											
David Young For Judg	ge Coi	mmit	tee						Dia A			Amt. Incurred this Period
	From Whom Received					Prior Ar	nount	0.00	6,849.09			
David Young											0.00	Outstanding Balance
Address 495 S. High Street								, i			6,849.09	
City		Zip Cod		Lo	ans Recei	ved This	Period		1		•	ents This Period
Columbus	DH_	4321.	5	<b>.</b>	Date		<u> </u>	Amount		Date		Amount
Date Loan was originally Incurred	$\begin{vmatrix} M_1 \\ 1 \end{vmatrix} 0$	D 2+1	$\begin{vmatrix} \mathbf{y} \\ 1 \end{vmatrix} 1$	1 0	$\begin{vmatrix} D \\ 2 \end{vmatrix} 1$	Y  1↓1	S	6000	M <sup>i</sup>	D	Y 1	
Registration Number, if PAC		•		м 1 ! 1	D 0+3	Y 1   1	1	500	M	D i	Y	
Employer/Occupation/Labor Organization*		<u> </u>		M <sub>1</sub>	D	Y		349.09	M;	D	Y	
From Whom Received				11'1				Amt. Incurred this Period				
Address							1					Outstanding Balance
City	State	Zip Cod	e	Lo	Loans Received This Period Date Amount				Payments This Period  Date Amount			
Date Loan was originally incurred	M	D	Y	М	D	Y	S	,	M	D	Y	S
Registration Number, if PAC		<del>1 .:</del>		М	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y			M.	D	Y		
From Whom Received					1	<u></u>	<del>-</del>		Prior A	mount		Amt. Incurred this Period
Address							- ;			•		Outstanding Balance
City	State	Zip Cod	ie	Lo	ans Recei Date	ved This	Period	Amount		Dat	•	nents This Period
Date Loan was originally Incurred	M	D	Y	М	D	Y	s	Tilloui	M:	D	Y	s
Registration Number, if PAC	! <u>!</u>	<u>! '                                   </u>	<u></u>	М	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y	:		M	D	Y	
* Required for contributions over \$100 to s if any, rather than employer should be listed the employees are members, if any, must ap If a loan is forgiven, write "Forgiven" in the Transfer total of all payments made in this payments.	d. If two opear, R.C	ormore en	nployees of 0(B)(4) nnce" spacement of Ex	donate via ce. Transf spenditure	payroll de	eduction a	and excee	d the aggregate of \$10 this period to the State	00, the lab	oor organiz Other Inco	ration of v me (Form	No. 31-A-2).
1 Total prior amount \$			-0.00									

ra	canster total of all payments made in this period to the Statement of Experimentes (rothin No. 31-6). Transfer Total Outstanding Entitled to the Core page (						
1	Total prior amount \$	0.00					
2	Total received this period S	6,849.09	(To Form No. 31-A-2)				
3	Total Payments this Period \$	0.00	(also record on Form 31-B)				
4	Total Outstanding Balance \$	6,849.09	(To Ferm No. 30-A)				