

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 Carpenter Lipps & Leland LLP					Registration Number, if PAC		
Street Address 280 Plaza, Suite 1300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 9	D 2 6	Y 1 1	Amount 250.00	
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 9	D 2 2	Y 1 1	Amount 1,585.00	
Full Name of Contributor David J Young					Registration Number, if PAC		
Street Address 365 Spring Branch Rd SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Supply	State N C	Zip Code 28462	M 1 0	D 0 7	Y 1 1	Amount 400.00	
Full Name of Contributor Carol Bodnar					Registration Number, if PAC		
Street Address PO Box 451160		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westlake	State O H	Zip Code 44145	M 1 0	D 0 7	Y 1 1	Amount 100.00	
Full Name of Contributor Zeiger, Tigges & Little LLP					Registration Number, if PAC		
Street Address 41 South High Street, Ste 3500		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 0 7	Y 1 1	Amount 250.00	
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 9	D 3 0	Y 1 1	Amount 1,810.00	
Full Name of Contributor Henry W Eckhart					Registration Number, if PAC		
Street Address 1200 Chambers Rd, Suite 106		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 1 0	D 1 7	Y 1 1	Amount 50.00	
Full Name of Contributor Stonewall Democrats of Central Ohio					Registration Number, if PAC		
Street Address 545 E Town St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 7	Y 1 1	Amount 250.00	

* 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)]

Page Total \$ 4,695.00