

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 Laurell Beatty					Registration Number, if PAC		
Street Address 2268 E Gates		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43206	M 1 0	D 2 1	Y 1 1	Amount 75.00	
Full Name of Contributor Justin Whelan III					Registration Number, if PAC		
Street Address 8784 Station Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Fishers	State I N	Zip Code 46038	M 1 0	D 2 1	Y 1 1	Amount 100.00	
Full Name of Contributor Richard Schuermann					Registration Number, if PAC		
Street Address 3260 Kioka Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43221	M 1 0	D 2 2	Y 1 1	Amount 125.00	
Full Name of Contributor Robert Beggs					Registration Number, if PAC		
Street Address 8221 Millhouse Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43016	M 1 0	D 2 6	Y 1 1	Amount 150.00	
Full Name of Contributor Lawrence Abraham					Registration Number, if PAC		
Street Address 2511 Bryden		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43205	M 1 0	D 2 6	Y 1 1	Amount 50.00	
Full Name of Contributor Brian Hall					Registration Number, if PAC		
Street Address 1937 Collingswood Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43221	M 1 0	D 2 8	Y 1 1	Amount 50.00	
Full Name of Contributor Bryan Johnson					Registration Number, if PAC		
Street Address 6241 Memorial Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 1 0	D 2 8	Y 1 1	Amount 75.00	
Full Name of Contributor Mark Waggenbrenner					Registration Number, if PAC		
Street Address 575 W 1st St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 1 1	D 0 2	Y 1 1	Amount 575.00	

* 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)]