

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 The Gittes Law Group						Registration Number, if PAC	
Street Address 723 Oak Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43205	M 0 9	D 2 6	Y 1 1	Amount 25.00	
Full Name of Contributor Dana L Conover						Registration Number, if PAC	
Street Address 6116 Wynford Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 0 9	D 2 6	Y 1 1	Amount 50.00	
Full Name of Contributor Herbert N Strayer Jr						Registration Number, if PAC	
Street Address 6073 Ashleylynn Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43016	M 0 9	D 2 6	Y 1 1	Amount 100.00	
Full Name of Contributor John H Bates						Registration Number, if PAC	
Street Address 495 S High Street			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 50.00	
Full Name of Contributor Robert C Bannerman LLC						Registration Number, if PAC	
Street Address PO Box 77466			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43207	M 0 9	D 2 6	Y 1 1	Amount 25.00	
Full Name of Contributor Kristen Ornice Keim						Registration Number, if PAC	
Street Address 10869 Township Road 262			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Millersburg	State O H	Zip Code 44654	M 0 9	D 2 6	Y 1 1	Amount 575.00	
Full Name of Contributor Neil Rosenberg						Registration Number, if PAC	
Street Address 400 S 5th Street, Ste 301			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 100.00	
Full Name of Contributor Law Office of Thomas Tootle, Co LPA						Registration Number, if PAC	
Street Address 85 East Gay Street, Ste 900			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 100.00	

* 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)]