

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>David Young for Judge Committee</b>							
Full Name of Contributor <b>Contributions from Form 31-E</b>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	I		0	5	2	1	1,160.00
Full Name of Contributor <b>Stonewall Democrats of Central Ohio</b>						Registration Number, if PAC	
Street Address <b>545 E Town Street</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>6</b>	Y <b>1</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Leo Grimes</b>						Registration Number, if PAC	
Street Address <b>6823 Myrtlestone Street</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dublin</b>	State <b>O</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>6</b>	Y <b>1</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Contributions from Form 31-E</b>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	I		0	6	0	500.00	
Full Name of Contributor <b>Linda L Myers</b>						Registration Number, if PAC	
Street Address <b>133 Maplewood Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>London</b>	State <b>O</b>	Zip Code <b>43140</b>	M <b>0</b>	D <b>6</b>	Y <b>1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>James P. Savage</b>						Registration Number, if PAC	
Street Address <b>8127 Winchombe Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dublin</b>	State <b>O</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>6</b>	Y <b>1</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Contributions from Form 31-E</b>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	I		0	6	1	2,375.00	
Full Name of Contributor <b>Christopher C. Young</b>						Registration Number, if PAC	
Street Address <b>301 Henry H Watters Drive</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Wilmington</b>	State <b>N</b>	Zip Code <b>28412</b>	M <b>0</b>	D <b>6</b>	Y <b>1</b>	Amount <b>100.00</b>	

\* 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)]