



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee David Young for Judge Committee				
Full Name of Contributor Brian J Rigg			Registration Number, if PAC	
Street Address 720 S High St	Employer/Occupation/Labor Organization* Self-employed/Attorney		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 12/13/2019	Amount 50.00
Full Name of Contributor Michael C Allbritain			Registration Number, if PAC	
Street Address 1330 Lindenwald Dr	Employer/Occupation/Labor Organization* Columbus City Attorney's Office/Asst City Attorney		Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43206	Date (MM/DD/YYYY) 12/13/2019	Amount 50.00
Full Name of Contributor Michael J Hays			Registration Number, if PAC	
Street Address 575 S High St	Employer/Occupation/Labor Organization* Self-employed/Attorney		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 12/13/2019	Amount 100.00
Full Name of Contributor Teresa L Edwards			Registration Number, if PAC	
Street Address 5611 Belle Oak Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Galloway	State OH	Zip Code 43119	Date (MM/DD/YYYY) 12/13/2019	Amount 100.00
Full Name of Contributor Mark C Collins Co LPA			Registration Number, if PAC	
Street Address 492 S High St, 3rd Floor	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 12/13/2019	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 also appear. [R.C. 3517.10(B)(4)]