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## Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee												
David Young For Judg	e Co	mmit	tee .									
From Whom Received	<u> </u>			_					Prior An	nount		Amt. Incurred this Period
David Young					6,849.09			0.00				
Address									Outstanding Balance			
6100 Wynford Drive												0.00
City State Zip Code Dublin O H 43017			Loans Received This Period  Date Amount				Payments This Period Date Amount					
	M	D	Y	Mį	D	Y	s		M <sup>1</sup>	D	Ϋ́	ls
Date Loan was originally incurred	1 0	211	111		l j		ł		1 2	1117	111	6,849.09
Registration Number, if PAC				M	D 	Υ			M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Y			M	D	Y	_
From Whom Received							Prior Amount Amt. Incurred this Period			Amt. Incurred this Period		
Address	-				-							Outstanding Balance
City	State	Zip Cod	e	Loa	Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally that	M <sup>t</sup>	D 	Y	M <sup>i</sup>	D	Y	S	<u> </u>	Mi	D 	Y	S
Registration Number, if PAC			•	M <sup>,</sup>	D	Y			M	D	Y	
Employer/Occupation/Labor Organization*				M:	D	Y		···	M'	D	Y	
From Whom Received						Prior Amount Amt. Incurred this Period						
Address				<del></del> ,								Outstanding Balance
City	State	Zip Code	ę	Loa	Loans Received This Period Date Amount				Payments This Period  Date Amount			
Date Loan was originally Incurred	M'	D	Y	M:	D 	Ϋ́	S		M	D 	Y	S
Registration Number, if PAC				M!	D	Y 			Mi	D 	Y 	
Employer/Occupation/Labor Organization*				M·	D	Y			M.	D 	Y	
* Required for contributions over \$100 to st	atewide a	nd genera	d assembly	candidate	es. If cont	ributor is	self-empl	oyed, occupation a	nd the name	of the inc	dividual's	business,

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-4	4-2
Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-	A).

1	Total prior amount \$	6,849.09	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	6,849.09	(also record on Form 31-B)
4	Total Outstanding Balance S	0.00	(To Form No. 30-A)

<sup>\*</sup> Required for contributions over \$100 to statewide and general assembly candidates. It contributor is self-employed, occupation and the name of the individual's business if any, rather than employer should be listed. If two ormore employees donate 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)