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444.4	

Statement of Loans Received

Prescribed by Secretary of State3/05

<u></u>												
Full Name of Committee	_											
David Young for Judg	<u>e Cor</u>	nmitte	ee									
From Whom Received									Prior An			Amt. Incurred this Period
David Young								6,500.00			0.0	
Address										14.7	A.	Outstanding Balance
495 S High St									44.4	2017	沙河",	0.0
City	State	Zip Code		Loa	ns Receiv	ed This	Period	•			Paym	ents This Period
Columbus	OH	43215	5		Date			Amount	l	Date	e	Amount
Date Loan was originally	M	D	Y	M	D	Y	Ş	- "'	Mi	D	Y	S
Incurred	1 0	2 1	111	1 0	2 1	111		6000.00	1 2	1 7	1 1	500.
Registration Number, if PAC				M	Ð	Y			M [*]	Ð	Y	
				1 1	0 3	111	ĺ	500.00	1 2	117	1:1	6000.
Employer/Occupation/Labor Organization®		-		Mj	Ð	Y	T		M!	D	Y	
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From Whom Received		•		-					Prior An	юшпі		Amt. Incurred this Period
									1			
Address									dia.	ed a	1073	Outstanding Balance
									图书 3	41144	To !	
City	State	Zip Code	-	Loa	ns Receiv	ed This	Period				Paym	ents This Period
					Date			Amount	ı	Dat	e	Amount
Date Loan was originally	M	D	Y	M	D	Y	s		M,	Ð	Y	S
Incurred 👆		1 1	1				l			1		ŀ
Registration Number, if PAC			·	M	D	Y	1		M	D	Y	
1					1 1	1 1	l		l .	1		
Employer/Occupation/Labor Organization*				Mi	D	Y	┢		M	D	Y	
					1 1	li	l					
From Whom Received	•	•			·	•			Prior An	nount		Amt. Incurred this Period
Address									Tet 1	1.8	(Outstanding Balance
										71 's (4-1) 5 2	1 1 1	1
City	State	Zip Code	<u> </u>	1 100	ns Receiv	red This	Period		1	1,4 4	Paym	ents This Period
	l ī	'		202	Date			Amount		Dat	-	Amount
Date Loan was originally	м	D	ΙΥ	M ¹	D	Y	s	·	Μ [‡]	D	Y	S
Incurred		1	1		1 1	li					1	
Registration Number, if PAC	<u> </u>	<u> </u>	<u> </u>	M	D	Y	† 		M	D	Y	
registration remover, a rive						1 1	1			1		
Employer/Occupation/Labor Organization*				M	D	Y	1		Mi	D	Y	<u> </u>
Compression Confession Confession					l -	1 1						
				<u>. </u>	 .	<u>'</u>	<u> </u>			<u> </u>	<u></u>	

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-A
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-

1	Total prior amount \$	6,500.00
2	Total received this period \$	0.00 (To Form No. 31-A-2)
3	Total Payments this Period \$	6,500.00 (also record on Form 31-B)
4	Total Outstanding Balance \$	0.00 (To Form No. 30-A)

^{*} Required for contributions over \$100 to statewide and general assembly candidates. If 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)