

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						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M	D	Y
							0	6	1
							1	5	1
							1	1	1
Full Name of Contributor						Amount 2,375.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M	D	Y
							0	7	0
							3	1	1
							1	1	1
Full Name of Contributor						Amount 675.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M	D	Y
							0	7	1
							1	1	1
							1	1	1
Full Name of Contributor						Amount 2,675.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M	D	Y
							0	7	2
							1	1	1
							1	1	1
Full Name of Contributor						Amount 2,775.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M	D	Y
							0	8	1
							1	0	1
							1	1	1
Full Name of Contributor						Amount 1,275.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M	D	Y
							0	8	1
							1	8	1
							1	1	1
Full Name of Contributor						Amount 500.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M	D	Y
							0	9	2
							2	2	1
							1	1	1
Full Name of Contributor						Amount 1,585.00			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State		Zip Code		M	D	Y
							0	9	3
							0	1	1
							1	1	1
Full Name of Contributor						Amount 1,810.00			

* 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)]

Page Total \$ 13,670.00