Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | _ | : | | · |
|--|---|---------------------------------------|--|---------------------------|
| David Young For Judge Full Name of Contributor | Committee | | | |
| Par Marie of Conditional | | | Registration Number, if PAC | |
| Street Address | Employer/Oc | ccupation/Labor Organizatio | <u> </u> | |
| | 1 | -capations canon (), but | on* | form (Cash, Check, etc.) |
| City | State | Zip Code | M D Y | Amount |
| 5 B. 17 C. 7 | | 1 1 | 0 6 1 5 1 1 | 2,375.0 |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Oc. | | | |
| | Limpinyon | cupation/Labor Organization | n* | orm (Cash, Check, etc.) |
| City | State | Zip Code | MDYA | |
| | | | | mount |
| ull Name of Contributor | | ! | 0 7 0 3 1 1 Registration Number, if PAC | 675.0 |
| treet Address | | | | |
| The state of the s | Employer/Occ | upation/Labor Organization | Fo | orm (Cash, Check, etc.) |
| lity | State | Zip Code | | • |
| | | ish code | | THOURI |
| ull Name of Contributor | | <u> </u> | 0 7 1 1 1 1 1 Registration Number, if PAC | 2,675.0 |
| | | Ì | registration (range), it resc | |
| treet Address | Employer/Occi | upation/Labor Organization* | For | rm (Cash, Check, etc.) |
| ity | | <u> </u> | Ī | and farment account acord |
| uy | State | Zip Code | M D Y Am | nount |
| Ill Name of Contributor | | | 0 7 2 1 1 1 | 2,775.00 |
| | | İ | Registration Number, if PAC | |
| reet Address | Employer/Occupation/Labor Organization* | | | |
| | _ | · · · · · · · · · · · · · · · · · · · | Fon | m (Cash, Check, etc.) |
| ty | State | Zip Code | M D Y Am | ount |
| Il Name of Contributor | | 1 | 0 8 1 0 1 1 | 1,275.00 |
| i (ame of Contributor | - · · · · · · · · · · · · · · · · · · · | ļ . | Registration Number, if PAC | 1,270.00 |
| eet Address | F1/0 | <u>t</u> | · | |
| | Employer/Occup | pation/Labor, Organization* | Fon | n (Cash, Check, etc.) |
| y | State | Zip Code ! | N S I | |
| | | ESIP CORE ; | M D Y Amo | |
| Name of Contributor | | | Registration Number, if PAC | 500.00 |
| cet Address | | | i i i i i i i i i i i i i i i i i i i | |
| at Addiess | Employer/Occup | ation/Labor Organization* | Form | (Cash, Check, etc.) |
| | | | | ŕ |
| | State | Zip Code | M D Y Amor | unt |
| Name of Contributor | | <u> </u> | 0 9 2 2 1 1 | 1,585.00 |
| | | : | Registration Number, if PAC | |
| t Address | Employer/Occupa | stion/Labor Organization* | | (C + C + |
| | _ | 2 | rorm | (Cash, Check, etc.) |
| | State | Zip Code | M D Y Amou | unt |
| d for contributions from individuals over \$100 to | | | أأراء أماماما | 1,810.00 |

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