

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 Artz Dewhirst & Wheeler LLP					Registration Number, if PAC		
Street Address 580 E Town St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2 9 1 4	Amount 100.00	
Full Name of Contributor E Scott Shaw					Registration Number, if PAC		
Street Address 500 S Front St, Ste 130		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2 9 1 4	Amount 150.00	
Full Name of Contributor Diane M Menashe CO LPA					Registration Number, if PAC		
Street Address 536 S Wallt St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2 9 1 4	Amount 150.00	
Full Name of Contributor Califf Bonding LLC					Registration Number, if PAC		
Street Address 350 S High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2 9 1 4	Amount 600.00	
Full Name of Contributor Scott W Schiff & Associates Co LPA					Registration Number, if PAC		
Street Address 115 W Main St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2 9 1 4	Amount 750.00	
Full Name of Contributor Thomas J O'Connell Co LPA					Registration Number, if PAC		
Street Address 695 Bryden Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43205	M 1	D 0	Y 2 9 1 4	Amount 100.00	
Full Name of Contributor Curry Roby & Mulvey Co LLC					Registration Number, if PAC		
Street Address 30 Northwoods Blvd, Ste 300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 1	D 1	Y 0 3 1 4	Amount 200.00	
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	Amount	

* 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)]