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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

<u></u>	<u></u>				<del>- ,</del>		
Name of Committee in Full							
David Young For Judge Co	ommittee						
Full Name of Contributor	Name of Contributor			Registration Number, if PAC			
John Bates							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
495 S. High	}				Check		
Cíty	State	Zip Code		D Y	Amount		
Columbus	Oh	43215	1 1 2	2   6   1   1	100.00		
Full Name of Contributor			Registration	n Number, if PA	C		
31c							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zîp Code	М	D Y	Amount		
	<b>i</b> 1		1 0 2	2  1  1  1	6,000.00		
Full Name of Contributor				Number, if PA			
31 c		•					
Street Address	Employer/Occur	ation/Labor Organization	1*		Form (Cash, Check, etc.)		
City	State	Zip Code	М	D Y	Amount		
	1 - 1	'	71110	)   3   1   1	500.00		
Full Name of Contributor	1	1		n Number, if PA			
31c			ľ				
Street Address	Employer/Occur	oation/Labor ()rganization	n*		Form (Cash, Check, etc.)		
Succi Address	Shiployen cocap				,		
ću.	State	Zip Code	М	D Y	Amount		
City	<b>!</b>	Zip Code	1 1	0 8 1 1	349.09		
C II N CC N		<u> </u>		n Number, if PA			
Full Name of Contributor		,	Registration				
31e	T1(O	nation/Labor Organization	<u> </u>		Form (Cash, Check, etc.)		
Street Address	Entployer/Occut	Sation Labor Organization	11		Tom (Casia Should ster)		
		; Zip Code	ТМТ	D Y	Amount		
City	State	Zip Code	1 1	j j	1,200.00		
				2   6   1   1 n Number, if PA			
Full Name of Contributor		:	Registration	ii ivumoci, ii i A	C		
31e		1 0 1 0 1 1			Form (Cash, Check, etc.)		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check							
		Tay of a	1 14 1	D Y	Amount		
City	State	Zip Code	1 1	l l	8,670.00		
		<u> </u>		0 6 1 1			
Full Name of Contributor		1	керѕтапо	n Number, if PA	C		
					Form (Cash, Check, etc.)		
Street Address	Employer/Occup	pation/Labor Organization	n*		romi (Casil, Check, etc.)		
			<del></del>	15 1 17			
City	State	Zip Code	M I	D Y	Amount		
		<u> </u>			<u></u>		
Full Name of Contributor			Registration	n Number, if PA	.C		
		,					
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
					<u> </u>		
City	State	Zip Code	M .	D Y	Amount		
				1 1			

\* 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 \$ 16,819.09