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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				lp	tion Mari	har if Dr	<u> </u>			
Contributions from Form 31-E			Registration Number, if PAC							
Street Address	(Freedom and Orange an			<u> </u>			r (0 1 0			
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
City	Stat		Zip Code	I M	D	ΙΥ	Amount			
Cay	1 3121	ıc	Zip Code		1/2		vinomi	1 600 00		
Full Name of Contributor	<u> </u>		<u>l</u>					1,680.00		
Full Name of Contributor Registration Number, if PAC										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, C	heck etc \		
575 S High St	Employer Occupation Paper Organization						Check			
City	Stat	•	Zip Code	М	D	Y	Amount			
Columbus	01	H	43215		117	1 4	i anoun	100.00		
Full Name of Contributor	101		40210					100.00		
Full Name of Contributor Registration Number, if PAC Lane Alton & Horst LLC										
Street Address	Employer/				Form (Cash, Check, etc.)					
2 Miranova Pl	Employer/Occupation/Labor Organization*						Check			
City	Stat	e	Zip Code	l M	D	Y	Amount			
Columbus	0.1	Н	43215	016	117	1 4		500.00		
Full Name of Contributor	<u> </u>		1 10210			ber, if PA	C			
Contributions from Form 31-E										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, C	heck, etc.)		
								, ,		
City	Stat	State Zip Code		М	D	Υ	Amount			
				016	216	1 4		6,200.00		
Full Name of Contributor	<u> </u>					ber, if PA	C ·			
G Gary Tyack										
Street Address	Employer/	ation/Labor Organization*	_			Form (Cash, Check, etc.)				
427 Pittsfield Dr								Check		
City	Stat	e	Zip Code	М	D	Y	Amount			
Worthington	01	Н	43085	017	011	1 4		40.00		
Full Name of Contributor	'		•	Registra	tion Num	ber, if PA	С			
Contributions from Form 31-E										
Street Address	Employer/	ation/Labor Organization*				Form (Cash, Check, etc.)				
City	Stat	e	Zip Code	М	D	Y	Amount			
				017	015	1 4		1,645.00		
Full Name of Contributor						ber, if PA				
Scott Elliot Smith LPA										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
5003 Horizons Dr, Ste 200							Check			
City	Stat		Zip Code	М	D	Y	Amount			
Columbus	0	H	43220	0 7				1,000.00		
Full Name of Contributor Registration Number, if PAC										
Contributions from Form 31-E										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
	<u> </u>									
City	Stat	le	Zip Code	M	D	Y	Amount .	4 - 2 1		
			l	0 7	1 6	1 4		1,565.74		

Page Total \$ 12,730.74

^{*} 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)]