Statement of Contributions Received

Prescribed by Secretary of State 3/05

V 10						· · · · · · · · · · · · · · · · · · ·
Name of Committee in Full						
David Young for Judge Committ	ee		D i-t	sia - Nicas	ber, if PA	C.
Full Name of Contributor			Registra	non Num	oci, ii 17A	C
Carol Bodnar	TE 1 (0		<u> </u>			Form (Cash, Check, etc.)
Street Address	Employer/Occ	apation/Labor Organization*				
1777 Holdens Arbor Run		lm: 0.1	1 34	1 5	ΙΥ	Credit Card
City	State O F	Zip Code	M	D	1	
Westlake	JOIF	l 44145	0 1		1 4 ber, if PA	100.00
Full Name of Contributor			Registra	non Num	iber, ii PA	C
David Goldstein					-	E (O. I. Ob. d. H.)
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Check, etc.)
326 S High St				T =		Credit Card
City	State	Zip Code	M	D	Y	Amount
Columbus	101	¹ 43215		2 5		500.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Docile Brady	 					
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
585 Brookside Dr						Credit Card
City	State	Zip Code	M	D	Y	Amount
Columbus	0 1	43209	0 2		1 4	33.20
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Merisa Bowers						<u>:-</u>
Street Address	Employer/Occ	cupation/Labor Organization				Form (Cash, Check, etc.)
363 Higley Ct						Credit Card
City	State	Zip Code	М	D	Y	Amount
Gaha <u>nna</u>	0 1	43230	013	1 2	1 4	100.00
Full Name of Contributor			Registra	tion Nur	iber, if PA	C
Thomas Gjostein						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
6720 Hayurst St						Credit Card
City	State	Zip Code	М	Ð	Y	Amount
Worthington	0 1	43085	0 3	2 8	1 4	250.00
Full Name of Contributor			Registra	tion Num	iber, if PA	.C
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
		<u> </u>				
City	State	Zip Code	М	D	Y	Amount
<u></u>						
Full Name of Contributor			Registra	ation Nun	nber, if PA	vC .
 						
Street Address	Employer/Oc	cupation/Labor Organization	•			Form (Cash, Cheek, etc.)
City	State	Zip Code	М	D	Y	Amount
				<u> </u>		
Full Name of Contributor Registration Number, if PAC						AC .
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount
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* Required for contributions from individuals over \$100 to statewide and general assembly candidates. It 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 \$	983.20