

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 Shawn Dominy					Registration Number, if PAC		
Street Address 390 Shyanne Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Powell	State O H	Zip Code 43065	M 0 6	D 2 0	Y 1 4	Amount 150.00	
Full Name of Contributor Matthew Hersha					Registration Number, if PAC		
Street Address 3179 Dunlavin Glen Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43221	M 0 7	D 0 3	Y 1 4	Amount 600.00	
Full Name of Contributor Merisa Bowers					Registration Number, if PAC		
Street Address 363 Higley Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Gahanna	State O H	Zip Code 43230	M 0 7	D 1 6	Y 1 4	Amount 100.00	
Full Name of Contributor James Connors					Registration Number, if PAC		
Street Address 3415 Watersilk Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43221	M 0 8	D 1 5	Y 1 4	Amount 150.00	
Full Name of Contributor Alan Briggs					Registration Number, if PAC		
Street Address 1608 Maddux Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City McLean	State V A	Zip Code 22101	M 0 8	D 1 8	Y 1 4	Amount 150.00	
Full Name of Contributor Robert Miller					Registration Number, if PAC		
Street Address 495 S High St, Ste 450		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0 8	D 2 6	Y 1 4	Amount 600.00	
Full Name of Contributor Michael Probst					Registration Number, if PAC		
Street Address 2020 Pevensey Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43220	M 0 9	D 1 8	Y 1 4	Amount 150.00	
Full Name of Contributor Maxwell Godfrey					Registration Number, if PAC		
Street Address 3344 Thunderbird Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43228	M 0 9	D 2 4	Y 1 4	Amount 600.00	

* 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)]