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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	·	<del> </del>					
David Young for Judge Committee  Full Name of Contributor  Registration Number, if PAC							
			Registr	Registration Number, if PAC			
Cloppert Latanick Sauter & Washburn		ation/Labor Organization 1				Fr (C) C	-t \
	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
225 E Broad St	-	Tar. o. i	1	T =		Check	
City	State	Zip Code	M	D	Y	Amount	400.00
Columbus Full Name of Contributor	OIH	43215		013	1 4	<u> </u>	100.00
			Registra	ation Num	ber, if PA	.C	•
Rasheeda Zamani Khan		<del></del>					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
4378 Dublin Rd	1	T .	-	т		Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43221	110	03	1 4		50.00
Full Name of Contributor			Registra	ation Num	ber, if PA	.c	
Roger P Sugarman							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
6025 Cranberry Ct						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O   H	43213	110	013	1 4		100.00
Full Name of Contributor			Registra	ation Num	ber, if PA	.C	
Melinda Miller						• •	
Street Address	Employer/Occup	ation/Labor Organization*	_			Form (Cash, Che	ck, etc.)
4722 Shire Ridge Rd				Check			
City	State	Zip Code	М	D	Y	Amount	
Hilliard	OIH	43026	1110	0 3	1 4	]	100.00
Full Name of Contributor				ttion Num		C	
Robert G Cohen							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Che	ck, etc.)		
1657 Wingate Dr						Check	
City	State	Zip Code	М	D	Y	Amount	
Delaware	OIH	43015	1110	013	1   4		100.00
Full Name of Contributor	, ,	1 10010		tion Num		.c	
Gregg R Lewis							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
625 City Park Ave	1	-				Check	
City	State	Zip Code	ТМ	D	Y	Amount	
Columbus	OH	43206	1110	013	114		100.00
Full Name of Contributor	101	10200		ation Num			100.00
Leo Zupan							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck. etc.)
121 Santuary Ct	is.mpioyen occup	Anon Edibor Organization				Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43235			1 4		100.00
Columbus         O   H   43235         1   0   0   3   1   4           Full Name of Contributor         Registration Number, if PA						100.00	
Kitrick Lewis & Harris Co LPA							
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					ck etc.)		
	12mployer Occupation 22abor Organization			Check			
445 Hutchinson Ave, Ste 100	State	Zip Code	М	D	Y	Amount	
Calumbus	1				1 4	, moun	150.00
Columbus	<u> </u>	43235	110		* 1 *	name of the	150.00

• 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)}

Page Total \$	800.00