

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 Contribution \$25 or less									
Registration Number, if PAC									
Street Address Contribution \$25 or less									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.) Check									
City									
State									
Zip Code									
M D Y 0 5 1 3 1 1									
Amount 25.00									
Full Name of Contributor B. Sokol									
Registration Number, if PAC									
Street Address 2346 Fishinger									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.) Check									
City Columbus									
State OH									
Zip Code 43221									
M D Y 0 5 1 2 1 1									
Amount 500.00									
Full Name of Contributor J. Young									
Registration Number, if PAC									
Street Address									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.) Check									
City									
State									
Zip Code									
M D Y									
Amount 500.00									
Full Name of Contributor									
Registration Number, if PAC									
Street Address									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.)									
City									
State									
Zip Code									
M D Y									
Amount									
Full Name of Contributor									
Registration Number, if PAC									
Street Address									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.)									
City									
State									
Zip Code									
M D Y									
Amount									
Full Name of Contributor									
Registration Number, if PAC									
Street Address									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.)									
City									
State									
Zip Code									
M D Y									
Amount									
Full Name of Contributor									
Registration Number, if PAC									
Street Address									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.)									
City									
State									
Zip Code									
M D Y									
Amount									
Full Name of Contributor									
Registration Number, if PAC									
Street Address									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.)									
City									
State									
Zip Code									
M D Y									
Amount									

* 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 \$ **525.00**