

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 Everyone for Ed Leonard						Registration Number, if PAC						
Street Address 146 Granville St, Ste D			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Gahanna		State O H		Zip Code 43230		M 0 9		D 0 2		Y 1 4		Amount 500.00
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount
		 				0 8		2 1		1 4		1,975.00
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount
		 				0 8		2 7		1 4		1,400.00
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount
		 				0 8		2 8		1 4		410.00
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount
		 				0 9		0 4		1 4		1,635.00
Full Name of Contributor Chester P Porembski						Registration Number, if PAC						
Street Address 1995 Scioto Pointe Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43221		M 0 9		D 1 3		Y 1 4		Amount 50.00
Full Name of Contributor Frost Brown Todd LLC						Registration Number, if PAC						
Street Address 10 W Broad St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 0 9		D 1 3		Y 1 4		Amount 150.00
Full Name of Contributor Stonewall Democrats of Central Ohio						Registration Number, if PAC						
Street Address 545 E Town St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 0 9		D 1 3		Y 1 4		Amount 200.00

* 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)]