Statement of Contributions Received

Prescribed by Secretary of State 3/05

N 60 : 1 0 0						
Name of Committee in Full						
David Young for Judge Committee						
Full Name of Contributor			Registra	tion Num	ber, if PA	.C
Everyone for Ed Leonard	Te i io					In in
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
146 Granville St, Ste D					,	Check
City	State	Zip Code	M	D	Y	Amount
Gahanna	OH	43230		0 2	1 4	500.00
Full Name of Contributor Registration Number, if PAC						
Contributions from Form 31-E						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
						·
City	State	Zip Code	М	D		Amount
			<u> 018</u>	2 1	1 4	1,975.00
Full Name of Contributor			Registra	ition Num	ber, if PA	С
Contributions from Form 31-E						
Street Address	Employer/Occup	ation/Labor Organization*			_	Form (Cash, Check, etc.)
	1					
City .	State	Zip Code	М	D	Y	Amount
			018	217	1 4	1,400.00
Full Name of Contributor	-	•	Registra	tion Num	ber, if PA	С
Contributions from Form 31-E			1			
Street Address	Employer/Occup	ation/Labor Organization*	•			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
,	-		018	218	1 4	410.00
Full Name of Contributor	· - ·			tion Num		
Contributions from Form 31-E						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
	1 1	, ·	019	014	1 4	1,635.00
Full Name of Contributor	<u> </u>	I		tion Num		•
Chester P Porembski						
Street Address	Employer/Occup	ation/Labor Organization*	-			Form (Cash, Check, etc.)
1995 Scioto Pointe Dr	' ' '	•				Check
City	State	Zip Code	Тм	D	Y	Amount
Columbus	OIH	43221	late	1 3	114	50.00
Full Name of Contributor	101	10221		tion Num		
Frost Brown Todd LLC						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
10 W Broad St	Employer Cocupation Congulation				Check	
City	State	Zip Code	М	T D	Y	Amount
Columbus	OH	43215				
Columbus O H 43215 0 9 1 3 1 4 Full Name of Contributor Registration Number, if PA						
Stonewall Democrats of Central Ohio						
Stronewall Democrats of Central Onto Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					Form (Cash, Check, etc.)	
545 E Town St	amply stroccupation or gammion			Check		
	State	Zip Code	М	D	Y	Amount
Columbus	OH	43215	019		$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 4$	200.00
Columbus	10111	1 43213	1019	1113	1 1 1	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)]

Page T	otal \$	6.320.00
	· ·	0,020.00