

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full												
David Young for Judge Committee												
To Whom Paid						M	D	Y	Amount			
Classics Sports Bar						0	1	3	1	1	4	90.00
Address				Purpose								
543 S High St				Event Expense								
City				State		Zip Code		Check Number				
Columbus				O H		43215		DC				
To Whom Paid						M	D	Y	Amount			
Classics Sports Bar						0	2	0	3	1	4	113.50
Address				Purpose								
543 S High St				Event Expense								
City				State		Zip Code		Check Number				
Columbus				O H		43215		DC				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.