

Event Date	3-10-11
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full David Young For Judge									
To Whom Paid United States Postal Service						M 0	D 2	Y 2	Amount 220.00
Address 6400 Emerald Parkway		Purpose Invitations							
City Dublin	State OH	Zip Code 43016	Check Number 999992						
To Whom Paid Classics Sports Bar						M 0	D 3	Y 1	Amount 294.25
Address 543 S. High Street		Purpose Beverages							
City Columbus	State OH	Zip Code 43215	Check Number Debit						
To Whom Paid Classics Sports Bar						M 0	D 3	Y 1	Amount 120.60
Address 543 S. High Street		Purpose Food							
City Columbus	State OH	Zip Code 43215	Check Number Debit						
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.

Page Total \$	634.85
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