

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 Classics Sports Bar						M 0	D 7	Y 1	Amount 75.74
Address 543 S High St		Purpose Event Expense							
City Columbus		State O	H H	Zip Code 43215		Check Number DC			
To Whom Paid Classics Sports Bar						M 0	D 7	Y 1	Amount 65.00
Address 543 S High St		Purpose Event Expense							
City Columbus		State O	H H	Zip Code 43215		Check Number 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			
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.