

Event Date	<u>4-12-11</u>
Page	_____

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 United States Postal Service						M	D	Y	Amount			
						0	4	0	1	1	1	110.00
Address 6400 Emerald Parkway				Purpose Postage for Invitations								
City Dublin				State OH	Zip Code 43016		Check Number Debit					
To Whom Paid Staples						M	D	Y	Amount			
						0	4	0	1	1	1	10.99
Address 1747 Olentangy River Road				Purpose Envelopes								
City Columbus				State OH	Zip Code 43212		Check Number Debit					
To Whom Paid Kroger						M	D	Y	Amount			
						0	4	1	2	1	1	176.44
Address 150 W. Sycamore				Purpose Food/ Beverage/ Party Supplies								
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 \$	<u>297.43</u>
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