Event Date	4-12-11
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				М	D	Y	Amount				
United States Postal Service				0 4	0 1	1 [1]1	l	110.00			
Address	Purpose		<u> </u>	<u> </u>							
6400 Emerald Parkway	Posta	ige fo	or Invitations								
City	Sta	Zip Code	Check Number								
Dublin	OH 43016			Debit							
To Whom Paid	TOIT		1	М	I D	Y	Amount	<u> </u>			
Staples				1 .	0 1	1 .		10.99			
Address	Purpose			1014	1011	TIL	<u>:                                    </u>	10.55			
1747 Olentangy River Road	o	Envelopes State Zip Code				Check Number					
		16	Zip Code	Clieck		٠.					
Columbus	OH		43212		Deb	_					
To Whom Paid				M	D .	Y	Amount				
Kroger	<del>- r</del>	<del></del>		0 4	1 2	2 1 1	<u>L.,,                                   </u>	176.44			
Address	Ритроѕе										
150 W. Sycamore		pplies									
City	Sta	te	Zip Code	Check	Number						
Columbus	OH		43215		Deb:	it					
To Whom Paid				М	D	Y	Amount				
				1							
Address	Ригроѕе			<del></del>		<del></del>	<del> </del>				
City	Sta	te	Zip Code	Check	Number						
	1										
To Whom Paid				М	D	ΙΥ	Amount				
Address	Purpose	!	<u> </u>								
	, _,,										
City	Sta	State Zip Code			Check Number						
C.I.	1		Zip code	CIRCE	тших						
To Whom Paid	<u> </u>		<u> </u>	1,,	I n	1 1/					
10 Whom Pala				М	D	l Y	Amount				
						<u> </u>	ł				
Address	Purpose										
City	Stat	e .	Zip Code	Check 1	Vumber						
To Whom Paid				М	D	Y	Amount				
				j		] ]	1				
Address	Purpose										
City	State Zip Code			Check 1	Number		ř.				
	1			-			1				
	. '		1	1							

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 \$ 297.43	
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