

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 Pizza						M 1	D 0	Y 2	Amount 87.00
Address 543 S High St		Purpose Event Expense							
City Columbus		State O H	Zip Code 43215		Check Number DC				
To Whom Paid Classics Pizza						M 1	D 0	Y 2	Amount 195.82
Address 543 S High St		Purpose Event Expense							
City Columbus		State O 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.