Event Date	10/1/14
Page	53
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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 Committee			T		T			
To Whom Paid			M	D	Y	Amount		
Classics Pizza Address	In		[1]0	0 2	1 4	87.00		
1	Purpose							
543 S High St City	Event Expense State Zip Code Check Number							
Columbus	1	Check	DC					
To Whom Paid	OIH	43215	M	D	Y	Amount		
Classics Pizza				0 2		195.82		
Address	Purpose	·	1110	1012	1114	170.02		
543 S High St	Event Ex	onense						
City	State	Zip Code	Check ?	Vumber				
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Address Purpose								
City	State	Zip Code	Check 1	Number				
To Whom Paid		•	М	D	Y	Amount		
Address Purpose								
City	State	e Zip Code Check Number						
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		I =		Check Number				
City	State	Zip Code	Check 2	Number				
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To Whom Paid			M	D	Y	Amount		
A 31	In				<u> </u>			
Address	Purpose							
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City	State 1	Zip Code	Check					
To Whom Paid	ļ			D	Y	Amount		
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Address	Purpose			<u> </u>	<u> </u>	<u> </u>		
City	State	Zip Code	Check i	Number				
1		'						
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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 \$ 282.82