

Event Date	8/10/11 10/14/11
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 T Murray's Bar & Kitchen						M	D	Y	Amount
						0	8	1	1
Address 560 S. High						Purpose Beverages			
City Columbus						State OH		Zip Code 43215	
Check Number Debit						Amount 393.15			
To Whom Paid T Murray's Bar & Kitchen						M	D	Y	Amount
						0	8	1	1
Address 560 S. High						Purpose Food			
City Columbus						State OH		Zip Code 43215	
Check Number Debit						Amount 201.81			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
Check Number						Amount			
To Whom Paid						M	D	Y	Amount
						0			
Address						Purpose			
City						State		Zip Code	
Check Number						Amount			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
Check Number						Amount			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
Check Number						Amount			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	
Check Number						Amount			

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 \$ 594.96