

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						M 1	D 0	Y 1	Amount 168.68
Address 560 S. High			Purpose Food/ Beverage						
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			
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.