

Event Date	<u>9/30/11</u>
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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								
To Whom Paid					M	D	Y	Amount
Columbus Athletic Club					1	0	1	483.59
Address		Purpose						
136 E Broad St		Food/Beverage						
City		State	Zip Code	Check Number				
Columbus		O H	43215	1035				
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.

Page Total \$	<u>483.59</u>
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