

Event Date	<u>5/23/14</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			
Patrick J's		0	5	2	7	1	4	600.00
Address		Purpose						
2711 N High St		Event Expense						
City	State	Zip Code	Check Number					
Columbus	O   H	43202	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					
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>600.00</u>
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