

Event Date	1/15/15
Page	18

# 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
Classics Sports Bar					0	1	1	73.75
Address		Purpose						
543 S High St		Event Expense						
City	State	Zip Code	Check Number					
Columbus	O   H	43215	DC					
To Whom Paid					M	D	Y	Amount
Classics Sports Bar					0	1	1	126.70
Address		Purpose						
543 S High St		Event Expense						
City	State	Zip Code	Check Number					
Columbus	O   H	43215	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					

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 \$	200.45
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