

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

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Name of Committee in Full								
David Young for Judge Committee								
To Whom Paid				М	D	Y	Amount	
Classics Sports Bar				01	1 6	1 5		73.75
	Purpose							
	Event Expense							
City	State	- 1	Zip Code	Check Number				
Columbus	O I	1	43215	M	DC D	Y	Amount	
To Whom Paid					Ι.	1		126.70
Classics Sports Bar	Purpose			0 1	110	1115	L	120.70
	Event E	anco						
543 S High St	State	Zip Code	Check Number					
Columbus		Η	43215		DC			
To Whom Paid	<u> </u>		10210	М	D	Y	Amount	
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Address	Purpose					<u> </u>		
City	State	1	Zip Code	Check N	lumber			
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To Whom Paid				М	D	Y	Amount	
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Address Purpose								
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City	State		Zip Code	Check Number				
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To Whom Paid				М	D	Y	Amount	
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Address	Purpose							
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Address	Purpose			1 '	<u>. '</u>	<u>!-</u>	<u> </u>	<u> </u>
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City	State Zip Code			Check I	Number			
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To Whom Paid	· ·	_		М	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__