

Event Date	<u>1/24/14</u>
Page	<u>35</u>

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			
Tonys Ristorante						0	1	2	3	1	4	882.53
Address				Purpose								
16 W Beck 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				
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			

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>882.53</u>
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