

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 United States Postal Service | | | | | M 0 | D 2 | Y 1 | Amount 220.00 |
| Address 6400 Emerald Pkwy | | Purpose Invitations | | | | | | |
| City Dublin | | State O H | Zip Code 43016 | | Check Number 999992 | | | |
| To Whom Paid Classics Sports Bar | | | | | M 0 | D 3 | Y 1 | Amount 294.25 |
| Address 543 S. High St. | | Purpose Beverages | | | | | | |
| City Columbus | | State O H | Zip Code 43215 | | Check Number DC | | | |
| To Whom Paid Classics Sports Bar | | | | | M 0 | D 3 | Y 1 | Amount 120.60 |
| Address 543 S. High St. | | Purpose Food | | | | | | |
| City Columbus | | State O H | Zip Code 43215 | | Check Number 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.