Event Date 7	3-11
Page	<u> </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 Commit	rtee			
To Whom Paid			M D Y Amou	ınt
Sam's Club			0 6 2 9 1 1	290.88
Address	Ригроѕе		1-1-1- <u>(-1-1-1</u>	
5870 Sawmill Road	Food/B	everage/ Party S	Supplies/ Parade Candy	,
City	State	Zip Code	Check Number	
Dublin	OH	43017	Debit	
To Whom Paid			M D Y Amou	ınt
Lowe's			0 6 2 9 1 1	46.20
Address	Purpose		<u></u>	
6555 Dublin Center Drive	Party Supplies			
City	State	Zip Code	Check Number	
Dublin	он	43017	Debit	
To Whom Paid		<u></u>	M D Y Amour	nt
Lowe's			0 6 3 0 1 1	11.98
Address	Purpose		1-1-1-1-1-1	
6555 Dublin Center Drive	Party Supplies			
City	State	Zip Code	Check Number	
Dublin	Он	43017		
To Whom Paid		<u>, </u>	M D Y Amoun	at
Address	Purpose			
City	State	Zip Code	Check Number	
	1			
To Whom Paid	<u> </u>		M D Y Amoun	ıt .
Address	Purpose	,		
		1		
City	State	Zip Code	Check Number	
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To Whom Paid		1	M D Y Amount	<u></u>
Address	Purpose			
City	State Zip Code		Check Number	
To Whom Paid		<u> </u>	M D Y Amount	
Address	Purpose			
	1 '			
City	State	Zip Code	Check Number	
		2.000	Check reduited	
		<u> </u>		

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 \$	349.06
_	242.00