

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 Columbus Athletic Club						M 1	D 0	Y 1	Amount 483.59
Address 136 E. Broad			Purpose Food/Beverage						
City Columbus			State OH	Zip Code 43215	Check Number 1036				
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				

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.