

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 Athletic Club of Columbus | | | | | | M | D | Y | Amount | | | |
| | | | | | | 0 | 3 | 3 | 1 | 1 | 4 | 621.12 |
| Address 136 E Broad St | | | | Purpose Event Expense | | | | | | | | |
| 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 | | | | |
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| To Whom Paid | | | | | | M | D | Y | Amount | | | |
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| Address | | | | Purpose | | | | | | | | |
| City | | | | State | | Zip Code | | Check Number | | | | |
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| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| | | | | | | | | | | | | |
| Address | | | | Purpose | | | | | | | | |
| City | | | | State | | Zip Code | | Check Number | | | | |
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| City | | | | State | | Zip Code | | Check Number | | | | |
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| Address | | | | Purpose | | | | | | | | |
| City | | | | State | | Zip Code | | Check Number | | | | |
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| To Whom Paid | | | | | | M | D | Y | Amount | | | |
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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.