Event Date	4/2/2009
Page	

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

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Name of Committee in Full							
Citizens for Brett Sciotto				opumoronimanto.			
To Whom Paid			M	D	Y	Amount	
Capital Club			0 7	2 0	0 9		116.49
Address	Purpose						
41 S High Street	food for f	undraising even	t at Capi	ital C	lub		
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Address	In .					<u> </u>	
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To Whom Paid			M	D	Y	Amount	
Address	Purpose			<u> </u>	·/····	- 2	
City	State	Zip Code	Check N	lumber			
To Whom Paid			М	D	Y	Amount	
Address	Purpose			<u> </u>			
	I urpose						
City	 	[6: 15:	· · ·	***************************************			
City	State	Zip Code	Check N	umber			
	1						

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.