31-F
R.C. 3517.10

Event Date 4-18-09
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full: Citizens for Brett Sciotto

To Whom Paid	M	D	Y	Amount
American Strategies, LLC	04	15	09	249.61

Address	Purpose
41 S. High Street, Suite 1275	printing and postage for invitations

City	State	Zip Code	Check Number
Columbus	OH	43215	8650878

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.

Page Total $ 249.61