31-	F
R.C.	3517.10

Event Date	09.01.09
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							
Citizens for Julia L. Dorrian			M	D	Y	Amount	
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and the state of t							
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.