

Event Date 09.01.09

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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 Julia L. Dorrian									
To Whom Paid Alison Belfrage Marketing and Development Invoice 004 & 004a						M 0	D 9	Y 1	Amount 1,322.62
Address 6181 Deerside Drive		Purpose Labor, Invitations, Postage							
City Dublin		State O	H H	Zip Code 43017		Check Number 121			
To Whom Paid Alison Belfrage Marketing and Development Invoice 008						M 1	D 0	Y 2	Amount 320.66
Address 6181 Deerside Drive		Purpose Labor, food and beverages							
City Dublin		State O	H H	Zip Code 43017		Check Number 122			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	H	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 \$ 1,643.28