Event Date	3-19-09
Page	10

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full								
Citizens for Brett Sciotto				SERVICE CONTRACTOR OF THE PERSON NAMED IN CONTRACTOR OF THE PERSON NAMED I				
To Whom Paid		···	М	D		Amount		
Heritage Golf Club			0 3	1 9	0 9		67.80	
	Purpose							
3525 Heritage Club Drive	Sciotto po	rtion of food expen	ise - si	plit w	rith 3	<u>can</u> didate	:S	
City	State	Zip Code	Check Number					
Hilliard	OH	8	95777	'3				
To Whom Paid	O H 43026			D	The second secon	Amount		
American Strategies, LLC				1 5	0 9		113.22	
Address	Purpose		0 4		ائنا	<u> </u>		
41 S. High Street, Suite 1275	printing and postage for invitations							
City	State	Zip Code	Check N					
Columbus	$\int_{0}^{\infty} H$	43215		65087	₇₈			
To Whom Paid	10 11		M	D D	Y	Amount		
1.0 million raid								
Address	Purpose					1		
Address	pose							
Cin	State Zip Code Check Number							
City	State Zip Code							
T. M. D. C.			7.1	T 70	Y	Amount		
To Whom Paid			M	D	1	Amount		
	In				لللا	<u> </u>		
Address Purpose								
			To: :	, , , , , , , , , , , , , , , , , , , ,				
City	State	Zip Code	Check Number					
				poberno de la magnituda				
To Whom Paid		-	М	D	Y	Amount		
		<u></u>						
Address	Purpose							
City	State	Zip Code	Check Number					
To Whom Paid			М	D	Y	Amount		
Address	Purpose		<u> </u>	•				
City	State	State Zip Code						
To Whom Paid			М	D	Y	Amount		
Address	Purpose							
duicos (napos								
Cin.	State	Zip Code	Check N	Jumber				
City	State	Lap Code	J. HOCK I					
	1	I	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.