	9-22-09
Event Date	#######
Page	Ţ

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full						
A. Troy Miller for Columbus					***************************************	
To Whom Paid			М	D Y	Amount	
Club 185			0 9	2 2 0	9	111.30
Address	Purpose					
185 E. Livingston Ave.	food					
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To Whom Paid			M	D Y	Amount	
Barbara Hackman			0 9	3 0 0	9	154.00
Address	Purpose					
2844 Bryden Rd.	postage	Copporter to the contract of t	Salanda	***************************************		
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Address	Purpose					
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City	State	Zip Code	Check N	NULLI OCT		
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To Whom Paid			M	D Y	Amount	
Address	Purpose					***************************************
City	State	Zip Code	Check N	Jumber		
			наминент			

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 \$ 265.30