31-F R.C. 3517.10

Event Date	6-25-2009
Page	· · · · · · · · · · · · · · · · · · ·

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full				Matematica topotomore			
A. Troy Miller for Columbus							
To Whom Paid			M	D	Y	Amount	
Zanzibar Brews			0 6	2 5	0 9		300.00
Address	Purpose					<u> </u>	
740 E. Long St.	food	food					
City	State	State Zip Code					
Columbus	O H	43203		997			
To Whom Paid			М	D		Amount	
Shawn Tucker			0 6	2 5	0 9	<u> </u>	95.04
Address	Purpose						
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City	State	Zip Code	Check N			3.50	
	OH		М	998 D	Υ	Amount	
To Whom Paid			101		1	Amount	
Address	Purpose			<u> </u>		<u>8</u>	
Address	пирозо						
City	State	Zip Code	Check N	lumber			
City							
To Whom Paid			M	D	Y	Amount	
10 THOM 1 444			1				
Address	Purpose			_B		<u>. E </u>	
City	State	Zip Code	Check 1	Vumber			
				depends allowed to the control of			
To Whom Paid			М	D	Y	Amount	
Address	Purpose	Purpose					
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City	State	Zip Code	Check 1	Number			
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To Whom Paid			M	D	1	Alliount	
	<u> </u>					1	***************************************
Address	Purpose						
Ci.	State	Zip Code	Check	Check Number			
City	State						
To Whom Paid			M	D	Y	Amount	
10 Mauour raid			Sport and the sp				
Address	Purpose				.1	<u> </u>	
AMACO	A A						
City	State	Zip Code	Check	Number			
	Accessor						
			ar en araba de la comunicación de		(case)		

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 \$	395.04
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