3	1-	F	
p	C	3517	10

Event Date	01.30.09
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

				and the second second	e fanna error error er er er er er er				
Name of Committee in Full									
Citizens for Julia L. Dorrian									
To Whom Paid			М	D		Amount			
Capital Club			0 3	2 1	0 9		717.36		
Address	Purpose								
41 S. High Street, 32nd Floor	Food and Beverages								
City	State	Check Number							
Columbus	ОН	Zip Code 43215	105						
To Whom Paid	TOIT		М	D	Y	Amount			
10 mion - aid			1						
Address	Purpose				L	N			
Address									
C.L.	State	State Zip Code		Check Number					
City	State								
			M	D	Y	Amount			
To Whom Paid			141		1	1			
Address	Purpose								
			lot 13	Y L					
City	State Zip Code		Check Number						
To Whom Paid			M	D	Y	Amount			
Address	Purpose								
City	State	Zip Code	Check Number						
To Whom Paid			М	D	Y	Amount			
Address	Purpose				<u> </u>	8			
	'								
City	State	Check Number							
on,		Zip Code							
To Whom Daid		1	М	D	Y	Amount			
To Whom Paid									
	Promone								
Address	Purpose								
		Zin Codo	Charle 1	Number					
City	State Zip Code		Check Number						
					1 17	Amount			
To Whom Paid			М	D	Y	Amount			
Address	Purpose	Purpose							
City	State	Zip Code	Check	Number					
Section 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.