Event Date	3/30/05
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Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full	•				
To Whom Paid			M D Y	Amount	
Tacticaledge			0 3 1 0 0 5	\$475.04	
Address	Purpose				
929 Harrison Ave., Suite 305	Invitations				
Calumbus	State OH	Zip Code 43215	Check Number		
Columbus To Whom Paid	ГОП	43213	M D Y	Amount	
Columbus Music Hall			0 3 1 8 0 5	\$100.00	
Addraga	Purpose		10 0 11 0 10 0	Ψ100.00	
734 Oak street_	Facility F	Rental			
City	State	Zip Code	Check Number		
Columbus	OH	43302	1222		
To Whom Paid	_	M D Y	Amount		
Columbus Music Hall	0 3 3 0 0 5	\$90.00			
734 oak Street	Purpose Facility F	Rental			
7 5 4 0 0 C/C 3 1 8 4 1	State	Zip Code	Check Number		
Columbus	OH	43205	1223		
To Whom Paid			M D Y	Amount	
Tacticaledge			0 3 3 0 0 5	\$63.29	
Address	Purpose				
929 Harrison Ave.	Envelope		·		
City	State	Zip Code	Check Number		
Columbus	OH	43215	1224		
To Whom Paid Tacticaledge			0 3 3 0 0 5	Amount \$528.00	
Address	Purpose			ψ020.00	
929 Harrison Ave.	catering				
City	State	Zip Code	Check Number		
Columbus	OH	43215	1227		
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		M D Y	Amount	
Address	Purpose				
City	State	Zip Code	Check Number		
T. W. D.)	OH		T M T D V	Amount	
To Whom Paid			MDY	Amount	
Address	Purpose			<u> </u>	
City	Sta te	Zip Code	Check Number		
	OH				

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.

\$1,256.33
Page Total \$ _____