Event Date	4-2-09
Page 9	

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full								
Citizens for Brett Sciotto				O north on the construction				
To Whom Paid			M	D	1	Amount		
American Strategies, LLC			0 4	1 5	0 9		249.61	
Address	Purpose							
41 S. High Street, Suite 1275	printing and postage for invitations							
City	State							
Columbus	O H	O H 43215			'8			
To Whom Paid			М	D	Ÿ	Amount		
Address	Purpose							
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	Purpose			!				
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To Whom Paid			M	D	Y	Amount		
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City	State	Zip Code	Check N	Check Number				
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To Whom Paid			М	D	Y	Amount		
Address	Purpose							
City	State	Zip Code	Check N	Check Number				
To Whom Paid	1		M	D	Y	Amount		
Address	Ригроѕе			<u></u>	<u> </u>	.8		
City	State	State Zip Code						
		·	Check N					
To Whom Paid			М	D	Y	Amount		
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Address	Purpose				L	В		
Address	пирозс							
	Ctata	State Zip Code Check Number						
City	State	CHECK INUHIDE!						
		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.

Page Total \$ 249.61