

Event Date	<u>4-2-09</u>
Page	<u>9</u>

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for Brett Sciotto								
To Whom Paid American Strategies, LLC					M	D	Y	Amount
					0	4	1	249.61
Address 41 S. High Street, Suite 1275		Purpose printing and postage for invitations						
City Columbus	State O	Zip Code H 43215	Check Number 8650878					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					

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 \$	<u>249.61</u>
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