| | _ |
|------|---|
| Page | 3 |

Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | ······································ | | | | |
|--|---|----------------|-------------|-------|--|-----------------|------------|----------|----------|
| Citizens for Judge Amy Salerno To Whom Paid | | | | | 1 1/ | 15 | v | Ä | |
| Clear Channel Outlook | | | | | M N 9 | D 1 8 | o 5 | Amount | 3,000.00 |
| Address | 0 9 1 8 0 5 3,000 Purpose | | | | | | | 0,000.00 | |
| 770 Harrison Dr. | production charges | | | | | | | | |
| Calamahara | St | ate | Zip Code | 42204 | Check N | | | | |
| Columbus To Whom Paid | | H | <u> </u> | 43204 | М | 126 | · | A | |
| Columbus Messenger | | | | | | | 0 5 | Amount | 690.40 |
| Address | Purpose | | | 1 0 | 1 1 | <u> </u> | | 0,0,00 | |
| 3500 Sullivant Ave. | adv | ertisi | ing | | | | | | |
| City | State Zip Code | | | | Check Number | | | | |
| Columbus | | H | <u> </u> | 43204 | | 129 | | | |
| To Whom Paid | M D Y Amount | | | | | | | | |
| Capital Creative | 1 0 1 8 0 5 3,225.0 | | | | | | | 3,225.00 | |
| Address 711 Oct. Ct | Purpose | | | | | | | | |
| 711 Oak St. | campaign literature State Zip Code Check Number | | | | | | | | |
| Columbus | ا م | H | 1 " | 43205 | CHECK IV | 130 | | | |
| To Whom Paid | <u> </u> | | L | 10200 | М | D | Y | Amount | |
| Expenditures from Form 31-F - June 23, 2005 Event 0 6 2 3 0 5 | | | | | | | | 194.76 | |
| Address | Purpose | | | | | | <u> </u> | | |
| City | State Zip Code | | | | Check Number | | | | |
| | | | ļ · | | | | | | |
| To Whom Paid | | | | | | | Y | Amount | |
| Expenditures from Form 31-F - July 21, 2005 Event 0 7 1 5 0 5 460. | | | | | | | | 460.18 | |
| Address | Purpose | | | | | | | | |
| City | St | State Zip Code | | | Check Number | | | | |
| | | | | | M - | | | | |
| To Whom Paid Expenditures from Form 31-F - August 2, 2005 Event | | | | | | $0 \mid 2 \mid$ | 9 0 5 | Amount | 220.50 |
| Address | 2, 2005 Event 0 8 0 2 0 5 220.5 | | | | | | | 220.00 | |
| | - | | | | | | | | |
| City | St | ate | Zip Code | | Check Ni | umber | | | |
| To Whom Daid | | | | | · · · | n I | V | A | |
| To Whom Paid M D Y Amount Expenditures from Form 31-F - August 17, 2005 Event 0 8 1 7 0 5 1,082.99 | | | | | | | | | 1,082.99 |
| | Purpose Purpose | | | | | | | | |
| City | C4. | ate | Zip Code | | Check No | | | | |
| City | 50 | 110 | Zip Code | | Check N | amoer | | | |
| To Whom Paid M D Y Amount | | | | | | | | | |
| Expenditures from Form 31-F - October 11, 2005 | | | | | 1 0 | 1 1 | 0 5 | | 474.15 |
| Address | Purpose | | | | | | | | |
| City | State Zip Code | | | | Check Nu | ımber | | | |
| | 50 | | p 0.000 | | JVB. 110 | | | | |

Page Total \$ 9.347.98