

Event Date	<u>1-27-05</u>
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for Dorrian Committee												
To Whom Paid Postmaster						M	D	Y	Amount			
						0	1	0	7	0	5	629.00
Address				Purpose Stamps								
City				State	Zip Code	Check Number						
						2112						
To Whom Paid Tactacledge						M	D	Y	Amount			
						0	1	1	4	0	5	1,000.00
Address 929 Harrison Ave.,				Purpose Consulting/ Fundraiser								
City Columbus				State O	H	Zip Code 43215	Check Number 2113					
To Whom Paid Franklin County Veterans Memorial						M	D	Y	Amount			
						0	1	1	8	0	5	200.00
Address 300 W Broad St.				Purpose Room rental deposit								
City Columbus				State O	H	Zip Code 43215	Check Number 2114					
To Whom Paid Toll House Jazz Band						M	D	Y	Amount			
						0	1	2	7	0	5	630.00
Address 8879 Linksway Dr.				Purpose Band for Event								
City Powell				State O	H	Zip Code 43065	Check Number 2117					
To Whom Paid Sodexho, INC. & Affiliates						M	D	Y	Amount			
						0	1	1	1	0	5	1,842.24
Address 300 W Broad St.				Purpose Catering								
City Columbus				State O	H	Zip Code 43215	Check Number 2124					
To Whom Paid Franklin County Veterans Memorial						M	D	Y	Amount			
						0	1	1	1	0	5	552.36
Address 300 W Broad St.				Purpose Rental of Room/ Insurance/ PA operator								
City Columbus				State O	H	Zip Code 43215	Check Number 2123					
To Whom Paid Tactacledge						M	D	Y	Amount			
						0	2	2	5	0	5	1,000.00
Address 929 Harrison Ave.,				Purpose Consulting/ Fundraiser								
City Columbus				State O	H	Zip Code 43215	Check Number 2127					

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>5,853.60</u>
