Event Date 10/2/09
Page 29

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Roseann Hicks		t terminal				
To Whom Paid Chris Cakes			м 1 0	0 2	У 0 9	Amount \$322.50
Address 7769 Northwind Ct.	Purpose Food at Breakfast for Dinner Fund Raiser					
City Columbus	State OH	Zip Code 43235	Check N	~ .	5	
To Whom Paid			M	D	Y	Amount
Address	Purpose		<u> </u>			Andrewski i Superior (1923 i 1924 i 1
City	State OH	Zip Code	Check Number			
To Whom Paid			М	D	unitario de la composita de la	Amount
Address	Purpose	entrino de la propieta de la companya de la company		.;;		Provinces of State
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address	Purpose					2
City	Sta te OH	Zip Code	Check Number			
To Whom Paid			М	D	Y	Amount
Address	Purpose					
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address	Purpose					74.
City	State OH	Zip Code Check Number				
To Whom Paid			M	D	Ÿ	Amount
Address	Purpose					
City	State OH	Zip Code	Check Number			e de la companya de
					terstormittengravitesti	

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.

\$322.50
Page Total \$