Event Date	3-	19-09
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								
To Whom Paid			М	D	Y	Amount		
Heritage Golf Club			0 3	1 9	0 9	67.80		
Address	Purpose							
	Sciotto portion of food expense - split with 3 candidates							
City	State	Zip Code	Check N	umber				
Hilliard	O H	43026	8	95777	'3			
To Whom Paid			М	D		Amount		
American Strategies, LLC			0 4	1 5	0 9	113.22		
Address	Purpose							
		nd postage for inv						
City	State	Zip Code	Check N	lumber 65087	, <sub>o</sub>			
Columbus	O H	43215	en anno anno anno anno	Amount				
To Whom Paid			M	D	Y	· months of the first of the first of		
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Address	r arpose							
City	State							
ony		Zip Code	Check N					
To Whom Paid	1		M	D	Y	Amount		
Address	Purpose		-	<del></del>	·*···········			
City	State	Zip Code	Check N	Number				
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To Whom Paid			M	D	Y	Amount		
	15					<u> </u>		
Address	Purpose							
	C+-+	Tzin Codo						
City	State	Zip Code	Check Number					
To Whom Daid			M	l D	Y	Amount		
To Whom Paid			***					
Address	Purpose							
. 2000								
City	State Zip Code Ch			Number				
To Whom Paid	P. Commission of the Commissio		М	D	Y	Amount		
Recognition of the Control of the Co				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Address	Purpose							
City	State	Zip Code	Check 1	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 \$ 181.02