

Event Date	<u>3-19-09</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 Heritage Golf Club						M	D	Y	Amount 67.80
Address 3525 Heritage Club Drive						Purpose Sciotto portion of food expense - split with 3 candidates			
City Hilliard						State O H		Zip Code 43026	Check Number 8957773
To Whom Paid American Strategies, LLC						M	D	Y	Amount 113.22
Address 41 S. High Street, Suite 1275						Purpose printing and postage for invitations			
City Columbus						State O H		Zip Code 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

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>181.02</u>
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