

|            |                |
|------------|----------------|
| Event Date | <u>10/9/05</u> |
| Page       | <u>1</u>       |

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

|  |            |                                |                   |                      |   |   |   |          |
|--|------------|--------------------------------|-------------------|----------------------|---|---|---|----------|
| Name of Committee in Full<br>Citizens for Dorian Committee |            |                                |                   |                      |   |   |   |          |
| To Whom Paid<br>Lower London Street Dixieland Band         |            |                                |                   |                      | M | D | Y | Amount   |
|  |            |                                |                   |                      | 1 | 0 | 0 | 600.00   |
| Address<br>31 East Dodridge                                |            | Purpose<br>Band for Fundraiser |                   |                      |   |   |   |          |
| City<br>Columbus   | State<br>O | H                              | Zip Code<br>43202 | Check Number<br>2182 |   |   |   |          |
| To Whom Paid<br>Holiday Inn on The Lane                    |            |                                |                   |                      | M | D | Y | Amount   |
|  |            |                                |                   |                      | 1 | 0 | 0 | 2,542.29 |
| Address<br>328 W Lane Ave                                  |            | Purpose<br>Banquet             |                   |                      |   |   |   |          |
| City<br>Columbus   | State<br>O | H                              | Zip Code<br>43201 | Check Number<br>2183 |   |   |   |          |
| 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>3,142.29</u> |
|---------------|-----------------|