Event Date	10/9/05
Page	1

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full									
Citizens for Dorian Committee To Whom Paid			· .	I M	I D	Ιv	Amoust		
				M	D	Y	Amount	600.00	
Lower London Street Dixieland Band	Purpose			11 0	0 9	0 5	<u> </u>	600.00	
	1	l for T	indraica-						
31 East Dodridge City			undraiser Zip Code	Check Number					
Columbus	1 77 10000			Check	2182				
To Whom Paid	1.0	11	10404	M	Z10Z	Ý	Amount		
Holiday Inn on The Lane					0 9	1 .	ł	2,542.29	
Address	Purpose			1110	1013	1013	<u> </u>	4,074.47	
328 W Lane Ave	Bang								
City			Zip Code	Check 1	Number	_			
Columbus	0	H	43201		2183	,			
To Whom Paid	10		1 20201	М	D	Y	Amount	,	
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Address	Purpose								
City	State Zip Code			Check 1	Number				
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Address	Purpose								
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To Whom Paid				M	D	Y	Amount		
A 11.							<u> </u>		
Address	Purpose								
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City	5	tate	Zip Code	Check	Number				
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10 WHOM FAIG				IMI		1	Alifornit		
Address	Purpose						<u>.l</u>	<u> </u>	
	I a pose								
City	Q	tate	Zip Code	Check	Number				
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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.