

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for Judge Amy Salerno							
To Whom Paid Minuteman Press				M	D	Y	Amount
				0	7	1	341.78
Address 70 S. 4th St.		Purpose invitations					
City Columbus	State O	H	Zip Code 43215	Check Number 111			
To Whom Paid Franklin County Republican Party				M	D	Y	Amount
				0	7	2	118.40
Address 14 E. Gay St.		Purpose postage					
City Columbus	State O	H	Zip Code 43215	Check Number 112			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	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.