

Event Date	08/17/05
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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	8	1	0	0	5	440.17
Address 70 S. 4th St.				Purpose invitations								
City Columbus				State O H		Zip Code 43215		Check Number 118				
To Whom Paid Franklin County Republican Party						M	D	Y	Amount			
									238.65			
Address 14 E. Gay St.				Purpose postage								
City Columbus				State O H		Zip Code 43215		Check Number 122				
To Whom Paid Athletic Club of Columbus Company						M	D	Y	Amount			
						0	9	1	2	0	5	404.17
Address 136 East Broad St.				Purpose Food/Beverages								
City Columbus				State O H		Zip Code 43215		Check Number 125				
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>1,082.99</u>
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