

Event Date	<u>10/11/05</u>
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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
					1	0	0	318.75
Address 70 S. 4th St.		Purpose invitations						
City Columbus	State O	H	Zip Code 43215	Check Number 127				
To Whom Paid Franklin County Republican Party					M	D	Y	Amount
								155.40
Address 14 E. Gay St.		Purpose postage						
City Columbus	State O	H	Zip Code 43215	Check Number 128				
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>474.15</u>
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