Event Date	1-27-05
Page	3

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

							 		
Name of Committee in Full									
Citizens for Dorrian Committee						. ,, ,			
To Whom Paid				M	D	Y	Amount	4 000 45	
TacticalEdge	- I			0 3	2 1	0 5		1,979.15	
Address	Purpose								
929 Harrison Ave Ste 305			/Graphic Design	(i)					
City	State		•	Check N					
Columbus	0	H	43215		2132				
To Whom Paid				M	D	Y	Amount	4 == 0 = 0	
TacticalEdge	-			0 3	2 8	0 5		4,750.50	
Address	Purpose	1							
929 Harrison Ave Ste 305	Couns		1						
City	State		Zip Code	Check N					
Columbus	0	Н	43215	16	2134				
To Whom Paid				M	D	. Y	Amount		
	In .								
Address	Purpose								
				- · · ·	, ,				
City	State	ı	Zip Code	Check N	lumber				
	0	H		<u> </u>	Г	Ιν	A mauri		
To Whom Paid	*			M 	D	Y 	Amount		
Address	Purpose								
City	State		Zip Code	Check N	Jumber				
City	State		Zip Code	CHOOK	vanioci				
To Whom Paid				М	D	Y	Amount	-	
Address	Purpose								
City	State	Zip Code	Check N	lumber					
			· · · · · · · · · · · · · · · · · · ·		,	,			
To Whom Paid				М	D	Y	Amount		
							<u> </u>		
Address	Purpose								
City	State	Zip Code	Check Number						
			•						
To Whom Paid	<u> </u>			М	D	Y	Amount		
				ĺ					
Address	Purpose		······································		<u> </u>	1 1.	A		
City	State		Zip Code	Check 1	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 \$ 6.729.65