

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | | | | | |
|---|--|-------------------------|--------------------------|----------------------------|---------------|---------------|------------------------|
| Name of Committee in Full Citizens for Julia L. Dorrian | | | | | | | |
| To Whom Paid Alison M. Belfrage | | | | M 1 | D 0 | Y 0 | Amount 50.00 |
| Address 6181 Deerside Drive | | Purpose Labor | | | | | |
| City Dublin | | State O H | Zip Code 43017 | Check Number 122 | | | |
| 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 | | | |
| 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