31-F

R.C. 3517.10

Event Date 10/3/17

Page 13

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| Name of Committee in Full | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Citizens Committee for Persons with DD | | | | | | | | | |
| To Whom Paid | | | | | M | D | Y | Amount | |
| Franklin County Board of DD | | | | | 09 | 07 | 17 | 200.00 | |
| Address | Purpose | | | | | | | | |
| 2879 Johnstown Rd | Copier use / Print / Time / Star Awards / Etc | | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| Columbus | OH | 43229 | 222 | | | | | | |
| To Whom Paid | | | | | M | D | Y | Amount | |
| Dave Powers Trio | | | | | 09 | 26 | 17 | 800.00 | |
| Address | Purpose | | | | | | | | |
| 4320 Scenic Drive | Entertainment for Star Awards | | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| Columbus | OH | 43214 | 225 | | | | | | |
| To Whom Paid | | | | | M | D | Y | Amount | |
| Marcus Thorpe | | | | | 09 | 26 | 17 | 300.00 | |
| Address | Purpose | | | | | | | | |
| 987 Master Drive | Master of Cermonies | | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| Galloway | OH | 43119 | 226 | | | | | | |
| To Whom Paid | | | | | M | D | Y | Amount | |
| Zane Harshaw | | | | | 09 | 26 | 17 | 100.00 | |
| Address | Purpose | | | | | | | | |
| 724 Schyler Ct. | Entertainment for Star Awards | | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| Gahanna | OH | 43230 | 227 | | | | | | |
| To Whom Paid | | | | | M | D | Y | Amount | |
| Villa Milano | | | | | 09 | 29 | 17 | 12,785.19 | |
| Address | Purpose | | | | | | | | |
| 1630 Schrock Rd | Food for Star Awards | | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| Columbus | OH | 43229 | 229 | | | | | | |
| 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 $ 14,185.19