

31-F
R.C. 3517.10

Event Date 10/1/19
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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 Committee for Persons with DD							
To Whom Paid Dave Powers Trio				M 0	D 9	Y 3	Amount 900.00
Address 4320 Scenic Drive		Purpose Entertainment for Star Awards					
City Columbus	State O H	Zip Code 43214	Check Number 242				
To Whom Paid Marcus Thorpe				M 0	D 9	Y 3	Amount 300.00
Address 987 Master Drive		Purpose Master of Cermonies					
City Galloway	State O H	Zip Code 43119	Check Number 243				
To Whom Paid Villa Milano				M 0	D 9	Y 3	Amount 14,583.99
Address 1630 Schrock Rd		Purpose Food for Star Awards					
City Columbus	State O H	Zip Code 43229	Check Number 244				
To Whom Paid Villa Milano				M 1	D 0	Y 0	Amount 61.28
Address 1630 Schrock Rd		Purpose Food for Star Awards					
City Columbus	State O H	Zip Code 43229	Check Number 245				
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 \$ 15,845.27