

	Date	08/28/2019	Page 1
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## Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Full Name of Committee						
Chris Amorose Groomes for Dublin						
To Whom Paid			Date (MM/DD/YYYY)	Amount		
Matt Stavroff (Muirfield Village Golf Club)			09/20/2019	2778.14		
Street Address	Purpose			<u>'</u>		
5952 Whittingham Drive	Food a	nd beverages	at fundraising event			
City	State	Zip Code	Check Number			
Dublin	ОН	43017	1033			
To Whom Paid		·1	Date (MM/DD/YYYY)	Amount		
Street Address	Purpose					
City	State	Zip Code	Check Number			
To Whom Paid		<del>1</del>	Date (MM/DD/YYYY)	Amount		
Street Address	Purpose					
City	State	Zip Code	Check Number			
To Whom Paid			Date (MM/DD/YYYY)	Amount		
Street Address	Purpose	3				
City	State	Zip Code	Check Number			
To Whom Paid		<u></u>	Date (MM/DD/YYYY)	Amount		
Street Address	Purpose	3				
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 \$	-	_		