

|   | D-4- | 00.000.0040 | 1    |
|---|------|-------------|------|
| l | Date | 09/29/2019  | Page |

## Statement of Expenditures for Social or Fund-Raising Event

R.C. 3517.10

|  |         | ·               |                   |         |  |  |
|--|---------|-----------------|-------------------|---------|--|--|
| Full Name of Committee  Motil for City Council |         |                 |                   |         |  |  |
| To Whom Paid                                   |         |                 | Date (MM/DD/YYYY) | Amount  |  |  |
| Gattos Pizza                                   |         |                 | 09/29/2019        | \$95.00 |  |  |
| Street Address                                 | Purpose | Purpose         |                   |         |  |  |
| 2928 North High Street                         |         | Fundraiser Food |                   |         |  |  |
| City   | State   | Zip Code        | Check Number      |         |  |  |
| Columbus                                       |         | 43214           | credit card       |         |  |  |
| To Whom Paid                                   |         |                 | Date (MM/DD/YYYY) | Amount  |  |  |
| Street Address                                 |         | •               |                   |         |  |  |
| City   | State   | Zip Code        | Check Number      |         |  |  |
| To Whom Paid                                   |         |                 | Date (MM/DD/YYYY) | Amount  |  |  |
| treet Address Purpose                          |         |                 |                   |         |  |  |
| City   | State   | Zip Code        | Check Number      |         |  |  |
| To Whom Paid                                   |         | <u> </u>        | Date (MM/DD/YYYY) | Amount  |  |  |
| Street Address                                 | Purpose | ;               |                   |         |  |  |
| City   | State   | Zip Code        | Check Number      |         |  |  |
| To Whom Paid                                   |         | · <b>k</b>      | Date (MM/DD/YYYY) | Amount  |  |  |
| Street Address                                 | Purpose | ,               |                   |         |  |  |
| City   | State   | Zip Code        | Check Number      |         |  |  |
|  |         | 1               |                   |         |  |  |

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.

| 95.00         |      |
|---------------|------|
| Page Total \$ | <br> |