

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 Erik Augis Trio				M	D	Y	Amount 800.00
Address 289 East Beaumont Road		Purpose Entertainment for Star Awards					
City Columbus	State O H	Zip Code 43214	Check Number 103				
To Whom Paid Dwight Lenox				M	D	Y	Amount 200.00
Address 749 Crofton Circle		Purpose Entertainment for Star Awards					
City Reynoldsburg	State O H	Zip Code 43068	Check Number 104				
To Whom Paid Voided				M	D	Y	Amount 0.00
Address Voided		Purpose Voided					
City Voided	State O H	Zip Code Voided	Check Number 105				
To Whom Paid Villa Milano				M	D	Y	Amount 10,235.18
Address 1630 Schrock Rd		Purpose Food for Star Awards					
City Columbus	State O H	Zip Code 43229	Check Number 106				
To Whom Paid Giant Eagle				M	D	Y	Amount 50.00
Address 1250 North Hamilton Rd		Purpose gift card - emcee speaker honorarium for Star Awards					
City Columbus	State O H	Zip Code 43230	Check Number 108				
To Whom Paid Giant Eagle				M	D	Y	Amount 100.00
Address 1250 North Hamilton Rd		Purpose gift card - emcee speaker honorarium for Star Awards					
City Columbus	State O H	Zip Code 43230	Check Number 109				
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.