

31-F

R.C. 3517.10

Event Date 10/5/16Page 17**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 Villa Milano				M 0	D 9	Y 3	Amount 11,493.90
Address 1630 Schrock Rd		Purpose Food for Star Awards					
City Columbus	State O	H H	Zip Code 43229	Check Number 116			
To Whom Paid Dave Powers Trio				M 0	D 9	Y 3	Amount 800.00
Address 4320 Scenic Drive		Purpose Entertainment for Star Awards					
City Columbus	State O	H H	Zip Code 43214	Check Number 117			
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 H	Zip Code 43119	Check Number 118			
To Whom Paid American Awards				M 1	D 0	Y 0	Amount 2,656.59
Address 2380 Harrisburg Pike		Purpose Food for Star Awards					
City Grove City	State O	H H	Zip Code 43123	Check Number 119			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	H	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 \$ 15,250.49