31-F

R.C. 3517.10

Event Date 10/2/18

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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 | | | | M D Y | | Amount |
| Dave Powers Trio | | | | 09 24 18 | | 800.00 |
| Address | Purpose | | | | | |
| 4320 Scenic Drive | Entertainment for Star Awards | | | | | |
| City | State | Zip Code | Check Number | | | |
| Columbus | OH | 43214 | 239 | | | |
| To Whom Paid | | | | M D Y | | Amount |
| Mikaela Hunt | | | | 09 24 18 | | 300.00 |
| Address | Purpose | | | | | |
| 987 Master Drive | Master of Cermonies | | | | | |
| City | State | Zip Code | Check Number | | | |
| Galloway | OH | 43119 | 240 | | | |
| To Whom Paid | | | | M D Y | | Amount |
| Villa Milano | | | | 09 24 18 | | 12,878.39 |
| Address | Purpose | | | | | |
| 1630 Schrock Rd | Food for Star Awards | | | | | |
| City | State | Zip Code | Check Number | | | |
| Columbus | OH | 43229 | 241 | | | |
| 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 | | | |
| 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 $ 13,978.39