

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 BD Mongolian Grill				M 0	D 9	Y 2	Amount 100.00
Address 3977 Wirtz Avenue		Purpose Food for Master of Cermonies					
City Columbus	State O	H H	Zip Code 43219	Check Number 1389			
To Whom Paid Dave Powers				M 0	D 9	Y 1	Amount 800.00
Address 4320 Scenic Drive		Purpose Entertainment for Star Awards					
City Columbus	State O	H H	Zip Code 43214	Check Number 1390			
To Whom Paid Villa Milano				M 1	D 0	Y 0	Amount 10,754.96
Address 1630 Schrock Rd		Purpose Food for Star Awards					
City Columbus	State O	H H	Zip Code 43229	Check Number 1391			
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			
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.