

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 D.D.									
To Whom Paid Mongolian Barbque						M	D	Y	Amount 100.00
Address 295 Marconi Blvd						Purpose gift certificate for star awards master of ceremonies			
City Columbus						State O H		Zip Code 43215	Check Number 1360
To Whom Paid Dave Powers						M	D	Y	Amount 800.00
Address 4320 Scenic Drive						Purpose Entertainment for Star Awards			
City Columbus						State O H		Zip Code 43229	Check Number 1361
To Whom Paid Cameron Mitchell Restuarants						M	D	Y	Amount 100.00
Address 4320 Scenic Drive						Purpose Cap City Dinner Gift Certificate			
City Columbus						State O H		Zip Code 43229	Check Number 1362
To Whom Paid Villa Millano						M	D	Y	Amount 9,483.88
Address 1630 Schrock Rd						Purpose Food for Star Awards			
City Columbus						State O H		Zip Code 43229	Check Number 1365
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.