Event Date	10/27/31
Page	5

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full	-					_	-		
Citizens for Dorrian Committee									
To Whom Paid				М	D	Τv	1		
Milo's Catering					1	, Y	Атоши	4 4 5 4 0 5	
Address	Purpose			111	0 2 1	111	3	<u>1,454.25</u>	
980 W Broad St			/ E J						
City	Catering / Food State Zip Code Check Number								
	1 .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Check Number			
Columbus To Whom Paid		H	43222		331		يساي		
				M	D	1			
Milo's Catering	Purpose			11() 2 5	j[1]	31	668.95	
	1 _ '		/ E 1						
980 W Broad St	Caterii						_		
	State		Zip Code	Check	Number	_			
Columbus	<u> </u>	H	43222		331	<u>6 </u>			
To Whom Paid				M.	D	Y	Amount		
Aaron Jackson				1 0	2 7	1 3	3	750.00	
Address	Purpose		_						
2897 Lonfield Rd		ent/ Band							
City	State		Zip Code	Check Number					
Columbus	lo I	-	43204		3317	7			
To Whom Paid			•••	М	D	Y	Amount		
Milo's Catering				1 0	2 8	1 3	3 .	156.51	
Address	Purpose								
980 W Broad St	Caterin								
City	State	'			Check Number				
Columbus	OF	I	43222		3318				
To Whom Paid				М	Ð	Y	Amount		
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Address	Purpose		-				_	-	
City	State Zip Code			Check)	umber				
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Fo Whom Paid		-	-	М	D	Y	Amount		
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Address	Ршроsе			-					
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City	State Zip Code			Check N	Check Number				
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o Whom Paid				М	D	Y	Amount		
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Address	Purpose				!	<u>'</u>	•		
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City	State Zip Code			Check N	umber	_			
				1					

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.