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			M D Y	Amount		
Milo's Catering			110211113	1,454.25		
Address	Purpose	<del>z:</del>				
980 W Broad St	Catering	/ Food				
City	State	Zip Code	Check Number			
Columbus	OH	43222	3315			
To Whom Paid	1 17	· · · · · · · · · · · · · · · · · · ·	<del> </del>	Amount		
Milo's Catering			102513	668.95		
Address	Purpose	<del></del>	1210121012101	344.52		
980 W Broad St	Catering	/ Food				
City	State	Zip Code	Check Number			
Columbus	OH	43222	3316			
To Whom Paid .	V 1 ==		<del></del>	Amount		
Aaron Jackson			1 0 2 7 1 3	750.00		
Address	Purpose		1110 217 110	7.0000		
2897 Lonfield Rd	Enterainment/ Band					
City	State	Zip Code	Check Number			
Columbus	ОН	43204	3317			
To Whom Paid	0 1 11	10201	<del></del>	Amount		
Milo's Catering			110 218 113	156.51		
Address	Purpose		1110121011101	100.51		
980 W Broad St	Catering/ Food					
City	State	Zîp Code	Check Number			
Columbus	OH	43222	3318			
To Whom Paid	1 0 1 11	10222		Amount		
		•	1 : 1 : 1 : 1			
Address	Purpose		1!!!!!	-		
City	State	Zip Code	Check Number			
	l 1	'				
To Whom Paid	<u> </u>		M D Y	Amount		
Address	Purpose		<u> </u>			
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City	State	Zîp Code	Check Number			
	1					
To Whom Paid	<u>l</u> !		M D Y	Amount		
10 10 10 100						
Address	Purpose					
radii vii	. urpose					
City	State	Zip Code	Check Number			
City City	1		- Carramoti			
	1 1	I	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.