

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 Dave Powers Trio				M 1	D 0	Y 2	Amount 800.00
Address 4320 Scenic Drive		Purpose Entertainment for Star Awards					
City Columbus	State O H	Zip Code 43214	Check Number 111				
To Whom Paid John Chubb dba Buck-I-Guy				M 1	D 0	Y 2	Amount 200.00
Address P.O.Box 29283		Purpose Entertainment for Star Awards					
City Columbus	State O H	Zip Code 43227	Check Number 112				
To Whom Paid Marcus Thorpe				M 1	D 0	Y 2	Amount 300.00
Address 987 Master Drive		Purpose Master of Cermonies					
City Galloway	State O H	Zip Code 43119	Check Number 113				
To Whom Paid Villa Milano				M 1	D 0	Y 6	Amount 11,005.31
Address 1630 Schrock Rd		Purpose Food for Star Awards					
City Columbus	State O H	Zip Code 43229	Check Number 114				
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.