

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Hawk										
To Whom Paid Westies				M 0	D 4	Y 0	Y 5	Y 1	Y 6	Amount \$390.23
Address 940 S Front St		Purpose Food & Beverage; 4/5 Event								
City Columbus		State OH	Zip Code 43206		Check Number DC					
To Whom Paid				M	D	Y	Amount			
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Amount			
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Amount			
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Amount			
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Amount			
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Amount			
Address		Purpose								
City		State OH	Zip Code		Check Number					
To Whom Paid				M	D	Y	Amount			
Address		Purpose								
City		State OH	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.

\$390.23

Page Total \$