| Event Date | 4/5/16 |
|------------|--------|
| Page 21 | |

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

| Name of Committee in Full Citizens for Hawk | | | | |
|---|-------------|-------------------|-------------------|--------------------|
| | | | W T K T G | A m annut |
| To Whom Paid Westies | | | 0 4 0 5 1 6 | Amount \$390.23 |
| Address | Purpose | | | |
| 940 S Front St | Food & Be | verage; 4/5 Event | | |
| City | State | Zip Code | Check Number | |
| Columbus | ОН | 43206 | DC | |
| To Whom Paid | | <u> </u> | M D Y | Amount |
| | | | | |
| Address | Purpose | | | |
| City | State | Zip Code | Check Number | |
| | ОН | | | |
| To Whom Paid | 1011 | ! | M D Y | Amount |
| www.company.com/MA | | | | <u> </u> |
| Address | Purpose | | | |
| City | State | Zip Code | Check Number | 100 |
| | ОН | | | |
| To Whom Paid | 19,1 | | M D Y | Amount |
| | | | | |
| Address | Purpose | | | |
| City | Sta te | Zip Code | Check Number | |
| ···, | OH | ' | | |
| To Whom Paid | | | M D Y | Amount |
| Address | Purpose | | 1_ · · · | |
| | | | | |
| City | State | Zip Code | Check Number | |
| | ОН | | | |
| To Whom Paid | | | M D Y | Amount |
| Address | Purpose | 4-1-1 | | <u> </u> |
| City | Sta te | Zip Code | Check Number | |
| | ОН | | | ₽ |
| To Whom Paid | | | M D Y | Amount |
| Address | Purpose | · - · · | | |
| City | State | Zip Code | Check Number | |
| | ОН | | | |
| <u></u> | | | | |

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 \$