



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee						
Citizens for Hawk						
To Whom Paid		Date (MM/DD/YYYY)			Amount	
Ross Chambers		07/31/201		18	209.73	
Street Address	Purpose					
12364 Thoroughbred Dr	Accounting Services					
City	State	Zip (Code Check Number			
Pickerington	ОН	431	147 1599			
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State OH	Zip (Code	Che	ck Number	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State	Zip Code Check Number			eck Number	
	он	·				
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose		<u> </u>			
City	State	Zip	Code	Che	eck Number	
	он					
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State OH	Zip	Code Check Number			

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