

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 Arepazo				M 0	D 3	Y 0	Y 9	Y 1	Y 6	Amount \$962.63
Address 515 S High St				Purpose Food & Beverage; 3/9 Event						
City Columbus				State OH	Zip Code 43215		Check Number 1562			
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						

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.

\$962.63
Page Total \$