Event Date	8/10/11
Page 13	<u> </u>

## 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	<u> </u>	1	M D Y	Amount	
The Menus			0 8 1 0 1 1	\$2,800.00	
Address	Purpose	ļ			
P O Box 58664	Entertainment- 8/10 Event				
City	Sta te	Zip Code	Check Number		
Cincinnati	OH	45258	504		
To Whom Paid	•	1	M D Y	Amount	
Average Joe's			0 9 2 9 1 1	\$1,000.00	
Address	Purpose		1 1 1		
4949 Dublin Granville Rd	Food- 8/10	Food- 8/10 Event			
City	Sta te	State Zip Code Check Number			
Columbus	ОН	43081	1500		
To Whom Paid			M D Y	Amount	
Address	Ригроѕе			_1	
City	Stale	Zip Code	Check Number		
	OH				
To Whom Paid		<u> </u>	M D Y	Amount	
10 (120)					
Address	Purpose			_¶	
11041233					
City	Stalte	Zip Code	Check Number		
City	ОН				
To Whom Paid	011		M D Y	Amount	
to whom i ad					
Address	Purpose	<u> </u>			
Address	T apose				
Cit.	State	Zip Code	Check Number		
City	OH				
To Whom Paid	01.	1	M D Y	Amount	
to whom raid		1			
Address	Purpose	<u> </u>			
Address	i ii posc				
<u> </u>	State	Zip Code	Check Number		
City		Zip code	Citeta Manuel		
	ОН	<u> </u>	M D Y <sub>i</sub>	Amount	
To Whom Paid				Modifi	
	- 15			<u> </u>	
Address	Purpose				
			[26-21-N:		
City	State	Zip Code	Check Number		
	OH				
		t T			

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.

\$3,800.00
Page Total \$ \_\_\_\_\_