

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 The Menus				M 0	D 8	Y 1	Amount \$2,800.00
Address P O Box 58664		Purpose Entertainment- 8/10 Event					
City Cincinnati	State OH	Zip Code 45258	Check Number 504				
To Whom Paid Average Joe's				M 0	D 9	Y 1	Amount \$1,000.00
Address 4949 Dublin Granville Rd		Purpose Food- 8/10 Event					
City Columbus	State OH	Zip Code 43081	Check Number 1500				
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.

\$3,800.00

Page Total \$