

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 Daphne Hawk						M	D	Y	Amount
						0	7	0	\$1,250.00
Address 2374 White Rd				Purpose Reimbursement-Catering; 6/24 Event					
City Grove City				State OH	Zip Code 43123		Check Number 501		
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		
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.

\$1,250.00

Page Total \$