Page	4

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full								
	HITTHIALL COLO	N.C.						
CITIZENS SUPPORTING W	HITEHALL SCHOOL	JLS						
To Whom Paid EXPENDITURES FROM FORM 31-F - EVENT DATE 8/7/18			М	D	Y	Amount	4 004 70	
		ATE 8/7/18				<u>. I.,</u>	1,096.73	
Address	Purpose							
City	State	State Zip Code			Check Number			
To Whom Paid			М	D	Y	Amount		
EXPENDITURES FROM FO	RM 31-F - EVENT D	ATE 8/17/18					19.00	
Address	Purpose	' '						
City	State	Zip Code	Check 1	Check Number				
To Whom Paid			М	D	Y	Amount		
EXPENDITURES FROM FO	RM 31-5 - FVFNT D	ATF 9/20/18					241.27	
Address	Purpose	1111 // 20/ 10		1		<u> </u>	21,27	
Audiess	i urpose							
City	State	Tin Code	Charle 1	Number				
City	State	State Zip Code						
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To Whom Paid			М	D	Y	Amount		
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City	State	State Zip Code		Check Number				
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Address	Purpose	Purpose						
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Address	Purpose				<u> </u>			
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City	State	Zip Code	Check	Number				
To Whom Paid			М	D	Y	Amount		
Address	Purpose							
City	State	State Zip Code		Check Number				
To Whom Paid			M	D	Y	Amount		
			1			1		
Address Purpose			<u> </u>		*			
City	State	Zip Code	Check	Number				
	j state							
<u> </u>	1							

Page Total \$ __1.357.00