

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Hawk									
To Whom Paid Expenditures From Form 31-F						M	D	Y	Amount
						0	4	1	\$678.95
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid Expenditures From Form 31-F						M	D	Y	Amount
						0	5	2	\$166.65
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid Expenditures From Form 31-F						M	D	Y	Amount
						0	6	0	\$440.63
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid Expenditures From Form 31-F						M	D	Y	Amount
						0	6	2	\$4,086.07
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid Expenditures From Form 31-F						M	D	Y	Amount
						0	7	1	\$499.59
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid Expenditures From Form 31-F						M	D	Y	Amount
						0	9	1	\$392.35
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			