Event Date	10/1/09	
Page 1		

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

			PARTICIPATION (\$200 MATERIAL STATE OF THE ST			
Name of Committee in Full						
Citizens for Hawk			entering the second		11	
To Whom Paid Pinnacle Golf Club			$\begin{bmatrix} M \\ 0 \end{bmatrix} 9 \begin{bmatrix} D \\ 2 \end{bmatrix}$	1 3	Amount \$500.00	
Address	Purpose					
1500 Pinnacle Club Dr.	Deposit for	Deposit for event				
City	Sta te	State Zip Code				
Grove City	OH	43123	3455			
Fo Whom Paid Pinnacle Golf Club			1 0 0		Amount \$1,430.47	
Address	Purpose			1		
1500 Pinnacle Club Dr.	Food bill					
City	Sta te	Zip Code	Check Numb			
Grove City	ОН	43123	EFT			
To Whom Paid			M D	Y	Amount	
Address	Purpose	Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	Y	Amount	
Address	Purpose		<u> </u>	<u> </u>		
City	State OH	Zip Code	Check Number			
To Whom Paid			M	Y	Amount	
Address	Purpose	Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	Y	Amount	
Address	Purpose					
City	State OH	Zip Code	Check Number			
To Whom Paid	JOH		M) Y	Amount	
Address	Purpose	Purpose				
City	State	Zip Code	Check Number			
	OH			Management of the Control of the Con		

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.

\$1,930.47	
Ψ1,000.47	
Page Total \$	
Page Total \$	