

# 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 Arepazo						M	D	Y	Amount		
						0	8	1	1	6	\$515.10
Address 515 S High St				Purpose Expenses- 8/11 Event							
City Columbus		State OH		Zip Code 43215		Check Number 1580					
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.

\$515.10  
Page Total \$