Event D	oate 5/23/12
Page	33

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		1	M D Y	Amount	
Barrel 44		1	0 5 2 5 1 2	\$166.65	
Address	Purpose	<u> </u>			
2232 E Main St	Food & Be	verage 5/23 Event			
City	Staite	Zip Code	Check Number	×1.00	
Columbus	OH	43209			
To Whom Paid			M D Y	Amount	
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City	State	Zip Code	Check Number		
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To Whom Paid		i	M D Y	Amount	
Address	Purpose				
City	Stalte	Zip Code	Check Number		
	OH			· 4.4	
					

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.

\$166.65
Page Total \$ _____