Statement of Expenditures

Page 4

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Hawk				
To Whom Paid			M D Y	Amount
USPS			0 4 1 3 1 6	\$141.00
Address	Purpose			
850 Twin Rivers Dr	Postage	Postage		
City	State	Zip Code	Check Number	
Columbus	OH	43215	DC	
To Whom Paid Expenditures From Form 31-F			$\begin{bmatrix} M \\ 0 & 3 & 0 & 9 \end{bmatrix} \begin{bmatrix} Y \\ 1 & 6 \end{bmatrix}$	Amount \$962.63
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid Expenditures From Form 31-F		<u> </u>	M D Y 16	Amount \$390.23
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid	 '	I	M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	OH	Zip Code	Check Number	,
To Whom Paid		<u> </u>	M D Y	Amount
Address	Purposc			
City	OH.	Zip Code	Check Number	
To Whom Paid	•		M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid	<u> </u>		M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	