Event Date 10.1.09		
Page		

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full				Nonember of the Person States		
Name of Committee in Full  CITIZENS FOR HA  To Whom Paid  Daphure Hawk  Address  2374 White Rd.  City  City  Crose City	~ 4/					
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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.

Page Total \$ 500 •