

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Hawk											
To Whom Paid Expenditures from Form 31-F							M	D	Y	Amount	
							1	0	0	1 0 9	\$1,930.47
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				
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				

\$1930.47