Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Hawk						
To Whom Paid Expenditures from Form 31-F		и в избильности по под при	м 1 0	D 0 1	Ү 0 9	Amount \$1,930.47
Address	Purpose					
City	State OH	Zip Code	Check N	umber		
To Whom Paid	garana magana sa iku sa		M	D	Y	Amount
Address	Purpose					
City	State OH	Zip Code	Check N	umber		
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	OH State	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address	Purpose				O TO SHIP (MA A CO A	
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 N	umber		