

# 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 James Burchfield						M	D	Y	Amount			
						0	4	2	4	1	2	\$678.95
Address 21 W Broad St				Purpose Reimbursement- 4/17 Event Expenses								
City Columbus		State OH		Zip Code 43215		Check Number 1530						
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						

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.

\$678.95

Page Total \$