

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 Sam's Club | | | | | | M | D | Y | Amount \$320.02 |
| Address 3950 Morse Rd | | | | | | 0 | 9 | 1 | 3 |
| Purpose Food & Beverage- 9/13 Event | | | | | | 1 | 2 | | |
| City Columbus | | State OH | Zip Code 43219 | | Check Number DC | | | | |
| To Whom Paid Giant Eagle | | | | | | M | D | Y | Amount \$72.33 |
| Address 2173 Stringtown Rd | | | | | | 0 | 9 | 1 | 3 |
| Purpose Food & Beverage- 9/13 Event | | | | | | 1 | 2 | | |
| City Grove City | | State OH | Zip Code 43123 | | Check Number DC | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | | | | |
| City | | | | | | | | | |
| | | State OH | | | Check Number | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | | | | |
| City | | | | | | | | | |
| | | State OH | | | Check Number | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | | | | |
| City | | | | | | | | | |
| | | State OH | | | Check Number | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | | | | |
| City | | | | | | | | | |
| | | State OH | | | Check Number | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | | | | | | | |
| City | | | | | | | | | |
| | | State OH | | | 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.

\$392.35
Page Total \$ _____