Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full		F		
Name of Committee in Full Citizens for Hawk				
To Whom Paid Expenditures From Form 31-F			0 7 0 5 1 1 \$1.3	ıt 250.00
Address	Ригроѕе			
City	State OH	Zip Gode	Check Number	
To Whom Paid Expenditures From Form 31-F	· ·		M D Y Amoun	n 800.00
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y Amoun	nt
Address	Purpose			
City	OH,	Zip Code	Check Number	
To Whom Paid			M D Y Amoun	11
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y Amoun	nt
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y Amour	nt
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City	State OH	Zip Code	Check Number	
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City	OH State	Zip Code	Check Number	
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Address	Purpose			
City	State OH	Zip Code	Check Number	