

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Citizens for Hawk									
To Whom Paid Expenditures From Form 31-F						M	D	Y	Amount
						0	7	0	\$1,250.00
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid Expenditures From Form 31-F						M	D	Y	Amount
						0	8	1	\$3,800.00
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			

Page Total **\$5,050.00**