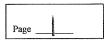
Statement of Loans Received



Prescribed by Secretary of State 3/05

	otanotein northe i harren		Salar Sa				*************		***************************************		
Full Name of Committee											
Citizens for Hawk											
From Whom Received	eloku irokki ula 1190 km2						Prior Am			Amt. Incurred this Period	
Daphne Hawk							\$6,0	00.00			
Address										Outstanding Balance	
2374 White Rd.										\$4,000.00	
City	St ate	Zip Code		100 (100 (100 (100 (100 (100 (100 (100	anno kriministani						
Grove City	ОН	43123		Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was	м 0 7	D Y 2 5 0 9	М	D	Y	\$	1 2	0 1	0 9	\$ \$2,000.00	
originally Incurred Registration Number, if PAC	Li		M	D	Y		М	D	Y		
regionation runnos, ii 1790					T			100	The second second		
Employer/Occupation/Labor Organization	1*		M	D	Y		М	D	Y		
Candidate/Realtor					-		LA REALINES AND				
From Whom Received							Prior Am	ount		Amt. Incurred this Period	
Address								- 14		Outstanding Balance	
Addicas											
City St ate Zip Code				Loans Received This Period				Payments This Period			
	OH			Date		Amount		Date	· · · · · · · · · · · · · · · · · · ·	Amount	
Date Loan was originally Incurred	М	D Y	М	D	Y	\$	М	D	Y	\$	
Registration Number, if PAC		<u> </u>	М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y		
From Whom Received	oniveria con postava stransvaria						Prior Am	iount		Amt. Incurred this Period	
Address										Outstanding Balance	
City	St ate OH	Zip Code		Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was	М	D Y	M	D	Y	\$	М	D	Y	\$	
originally Incurred Registration Number, if PAC	1		M	D	Y		M	D	Y		
regionation rumou, ii 1710											
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y		
* Required for contributions from in-	dividuals o	over \$100 to statew	ide and g	eneral as	sembl	y candidates. If contrib	utor is self	-employed	d, the oc	cupation and the name of	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

Total prior amount \$\$6,0		
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
Total payments this period \$	\$2,000.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$	\$4,000.00	(To Form No. 30-A)

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]