Statement of Loans Received



Prescribed by Secretary of State 3/05

Full Name of Committee										
Citizens for Hawk										
From Whom Received Hay Family Trust; Myrtle Hay, Trustee							Prior Amount \$15,000.00			Amt. Incurred this Period \$0.00
Address 5750 Ravine Creek Dr										Outstanding Balance \$15,000.00
City Grove City	St ate OH	Zip Code 43123	Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	0 4	0 9 1 2	М	D	Y	S	M	D	Y	s
Registration Number, if PAC		<u> </u>	M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*			М	D	Y		M	D	Y	
From Whom Received Keith Hawk								nount 0,000.00)	Amt. Incurred this Period \$0.00
Address 2374 White Rd						i 				Outstanding Balance \$20,000.00
City Grove City	St ate OH	Zip Code 43123	Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was	0 4	0 9 1 2	M	D	Y	s .	М	D	Y	\$
Registration Number, if PAC			M	D	Y	ı	M	D	Y	
Employer/Occupation/Labor Organization*			M	D	Y		М	D	Y	
From Whom Received			•	•		1	Prior An	nount	<u>.</u>	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 originally Incurred	M	D Y	М	D	Y	S	М	D	Y	\$
Registration Number, if PAC			М	D	Ý		M	D	Y	
Employer/Occupation/Labor Organization*			M	D	Y		M	D	Y	
* Required for contributions from	individuals o	ver \$100 to statewic	le and ge	eneral as	sembly	candidates. If contribu	ntor is self	-employe	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 \$ \$35	5,000.00	
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$ _	\$35,000.00	(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)]