## Statement of Other Income

Page \_\_\_\_\_\_

Prescribed by Secretary of State 2/01

Name of Committee in Full		· · · · · · · · · · · · · · · · · · ·
Citizens for Hawk	•	
Full Name	· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
Staples	į	Registration Number, if PAC
Address	Type•	M D Y Amount
500 Staples Dr	RE	1 0 1 1 2 \$5.00
City Framingham	State Zip Code MA 01702	Form (Cash, Check, etc.) Check
Full Name	# 1	Registration Number, if PAC
Address	Type*	M. D. Y. Amount
	RE	
City	State Zip Code	Form (Cash, Check, etc.)
	OH	
Full Name		Registration Number, if PAC
Address		
Admess	Type*	M D Y Amount
G.	RE	
City	State Zip Code OH	Form (Cash, Check, etc.)
E-di V	On!	
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
	RÉ	
City	State Zip Code	Form (Cash, Check, etc.)
	OH I	
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
	RE	
City	State Zip Code	Form (Cash, Check, etc.)
	OH I	totiii (Casi, Circe, cic.)
Full Name		Registration Number, if PAC
		Registration Number, it FAC
Address	Type*	M D Y Amount
	RE	
City	State Zip Code	Form (Cash, Check, etc.)
	OH	
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
7100 (53	•	M D I Allocate
City	RE State Zip Code	Form (Cash, Check, etc.)
	OH	Form (Cash, Cheek, Clo.)
Full Name	<u> </u>	Registration Number, if PAC
Address	Tring	M I D V
7.000,53	Type*	M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)
	OH I	

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

5.00 Page Total \$