

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Hawk				
Full Name Staples		Registration Number, if PAC		
Address 500 Staples Dr	Type* RE		M D Y 1 0 1 1 1 2	Amount \$5.00
City Framingham	State MA	Zip Code 01702	Form (Cash, Check, etc.) Check	
Full Name				
Address		Type* RE	M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name				
Address		Type* RE	M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name				
Address		Type* RE	M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name				
Address		Type* RE	M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name				
Address		Type* RE	M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name				
Address		Type* RE	M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name				
Address		Type* RE	M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

* 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.