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Statement of Other Income

Page 1

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Hawk			
Full Name			Registration Number, if PAC
Daphne Hawk			
Address 2374 White Rd.	Type*		0 7 2 5 0 9 Amount \$1,000.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check
Full Name			Registration Number, if PAC
Daphne Hawk			
Address	Type*		M D Y Amount
2374 White Rd.	LN _		0 8 2 4 0 9 \$5,000.00
City	State	Zip Code	Form (Cash, Check, etc.) Check
Grove City Full Name	OH	43123	Registration Number, if PAC
i un raine			Together Tunion, it have
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
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
A 033 A 1013AV			7, 10000
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Call Massa	OH		Registration Number, if PAC
Full Name			Registration Number, it FAC
Address	Type*		M D Y Amount
	RE		
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	OII		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE	7: O.d.	Fare (Call Clark ())
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	LOH		Registration Number, if PAC
Address	Туре*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

^{*} 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.