## Statement of Loans Received

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			P	rescribed	by Secr	ctary of S	State 3/05						
Full Name of Committee	00 6	30B (	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AQ	 K								
CITIZENS FOR BOB CLARK From Whom Received								F	nor Amo	unt ,		Amt. Incurred this Period	
ROBERT D. CLARK  Address 370 OLD MEADOWS CT.											Outstanding Balance 4,000,00		
City	State Zip Code				Loans Received This Period  Date Amount					Payments This Period Date Amount			
CANAL WINCESTER  Date Loan was	M A	7-3//		M OCC	D	Y,	\$ 000	200	M	D	Ÿ	\$	
originally Incurred Registration Number, if PAC	08	101	<u>ن</u>	08 MA	10	15	3,000.	00	M	D			
Employer/Occupation/Labor Organization	•			07	24	15	1,000	,00	M	D	Y,		
RETIRED From Whom Received			]			<u> </u>			Prior Am	ount	i	Amt. Incurred this Period	
			<u></u>							·* ~ ~		Outstanding Balance	
Address								year condition to the second					
City	St atc	Zip Code		r.	Loar	s Receiv	red This Period Am	nount	Date			This Period Amount	
Date Loan was originally Incurred Registration Number, if PAC	М	D	Y	M	D	Y <sub>1</sub>	5		M	D	Y		
			.,	м	D	Y			М	D	Υ,		
Employer/Occupation/Labor Organization									Prior An	-ount		Amt, incurred this Period	
From Whom Recaved			-						PROI AR				
Address		<del>.,</del>								12	a.	Outstanding Balance	
City	St ate	Zip Code		Loans Received This Period  Date Amount					Payments This Period  Date Amount				
Date Loan was originally Incurred	М	D.	Y	М	D	Y,	\$		M	D	Y	\$	
Registration Number, if PAC				М	D	Y,							
Employer/Occupation/Labor Organization				M	D .	Y			М	D .	Y		
*Required for contributions from in the individual's business, if any, ra labor organization of which the en If a loan is forgiven, write "For Income (Form No. 31-A-2). Tra	therthan o	employer shou are members, if	fany, n	nust also	o appea	r. [R.C.	3517.10(B)(4)	oli loans	receive	l this pe	riod to t	he Statement of Other	
Balance to the Cover page (For	m No. 30	а оган рауп )-А).	icius d	TIONS III	, was p					•			
Total prior amount \$	1,00	O <b>,O</b> O		_ (To I	Form N	Го. 31- <i>А</i>	A-2)						
<sup>3</sup> Total payments this period \$					(To Fo	rm No.	. 31-B)						
<sup>4</sup> Total Outstanding Balance \$					(To F	orm No	s. 30-A)						