

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR BOB CLARK							
Full Name of Contributor BALDERSON FOR STATE SENATOR						Registration Number, if PAC	
Street Address 601 UNDERWOOD ST		Employer/Occupation/Labor Organization STATE SENATOR				Form (Cash, Check, etc.) CHECK	
City ZANESVILLE	State OH	Zip Code 43702	M 10	D 16	Y 15	Amount 75.00	
Full Name of Contributor CITIZENS FOR SHERIFF PHALEN						Registration Number, if PAC	
Street Address 967 INVERNESS GLEN		Employer/Occupation/Labor Organization SHERIFF				Form (Cash, Check, etc.) CHECK	
City PICKERINGTON	State OH	Zip Code 43147	M 10	D 16	Y 15	Amount 50.00	
Full Name of Contributor BRANDON OGDEN						Registration Number, if PAC	
Street Address 613 CANTERIDGE DR.		Employer/Occupation/Labor Organization OHIO CHRISTIAN UNIV.				Form (Cash, Check, etc.) CHECK	
City PICKERINGTON	State OH	Zip Code 43147	M 10	D 16	Y 15	Amount 50.00	
Full Name of Contributor MARTIN TAYLOR						Registration Number, if PAC	
Street Address P.O. Box 10		Employer/Occupation/Labor Organization TAYLOR DEALERSHIPS				Form (Cash, Check, etc.) CHECK	
City LANCASTER	State OH	Zip Code 43130	M 10	D 16	Y 15	Amount 200.00	
Full Name of Contributor GERALD STEBELTON						Registration Number, if PAC	
Street Address 536 E. ALLEN ST.		Employer/Occupation/Labor Organization RETIRED				Form (Cash, Check, etc.) CHECK	
City LANCASTER	State OH	Zip Code 43130	M 10	D 16	Y 15	Amount 50.00	
Full Name of Contributor ROBERT C. WOLFINGER, JR.						Registration Number, if PAC	
Street Address 726 EDMONT AVE.		Employer/Occupation/Labor Organization LANCASTER CITY TREASURER				Form (Cash, Check, etc.) CHECK	
City LANCASTER	State OH	Zip Code 43130	M 10	D 16	Y 15	Amount 50.00	
Full Name of Contributor LINDEL JACKSON						Registration Number, if PAC	
Street Address 2336 RAINBOW DR. NE.		Employer/Occupation/Labor Organization COLUMBIA PIPELINE-MGR.				Form (Cash, Check, etc.) CHECK	
City LANCASTER	State OH	Zip Code 43130	M 10	D 16	Y 15	Amount 25.00	
Full Name of Contributor LARRY FLOWERS						Registration Number, if PAC	
Street Address 421 W. WATERLOO		Employer/Occupation/Labor Organization STATE OF OHIO, FIRE MARSHAL				Form (Cash, Check, etc.) CHECK	
City CANAL WINCHESTER	State OH	Zip Code 43110	M 10	D 16	Y 15	Amount 50.00	

* 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)]