

## Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
CITIZENS FOR BOB CLARK							
Full Name				Registration Number, if PAC			
ROBERT D. CLARK							
Address		Type*		M	D	Y	Amount
370 OLD MEADOWS CT		LOAN		0	8	06	15 3,000.00
City		State	Zip Code	Form (Cash, Check, etc.)			
CANAL WINCHESTER		OH	43110	CHECK			
Full Name				Registration Number, if PAC			
ROBERT D. CLARK							
Address		Type*		M	D	Y	Amount
370 OLD MEADOWS CT.				0	9	29	15 1,000.00
City		State	Zip Code	Form (Cash, Check, etc.)			
CANAL WINCHESTER		OH	43110	CHECK			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	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, unashed 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.

Page Total \$4,000.00