## **Statement of Loans Received**

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Page	

Prescribed by Secretary of State 3:05

Full Name of Committee	0	_									
CITIZENS FOR			ARK	·····				Prior Am			Amt. Incurred this Period
ROBERT D. CLARK									00,0	0	
370 OLO MEADOWS CT.											Outstanding Balance 4,000,00
City State Zip Code CANAL WINCHESTER OH 43110					Loan's Received This Period Date Amount				Payments This Period		
	M	D	Y	M	D	Y	Amount \$	M	Date D	Y	Amount \$
Date Loan was originally Incurred	08	10	15								
Registration Number, if PAC			*	M	D	Y		M	D	Y	
Employer Occupation Labor Organization*				M	D	Y		M	D	Y	
From Whom Received		······································						Prior Am	ount		Amt. Incurred this Period
Address			·*···								Outstanding Balance
	·		-,-,,-								
City	City St ate Zip Code				Loans Received This Period  Date Amount				Payments This Period  Date Amount		
Date Loan was	M	D	Y	M	D	Y	\$	M	D	Y	\$
originally Incurred				<u> </u>							
Registration Number, if PAC				M	D	Y		M	D	Y	
Employer Occupation Labor Organization*				M	D	Y		M	D	Y	
l									1		1
From Whom Received		· ·	<del> </del>	<u> </u>		<u></u>		Prior Am	ount	l	Amt. Incurred this Period
			· · · · · · · · · · · · · · · · · · ·					Prior Am	cunt		
From Whom Received Address				<u>L</u>				Prior Am	count		Amt. Incurred this Period  Outstanding Balance
	St ate	Zip Code			Loan	ıs Receiv	ed This Period	Prior Am		a y ments	
Address City	St ate	Zip Code	Y	I M		as Receiv		Prior Am	1	Payments	Outstanding Balance This Period
Address  City  Date Loan was originally Incurred				M	Date D	Y	Amount	M	Date D	Y	Outstanding Balance This Period
Address City  Date Loan was					Date		Amount		I Date		Outstanding Balance This Period
Address  City  Date Loan was originally Incurred	M			M	Date D	Y	Amount	M	Date D	Y	Outstanding Balance This Period
Address  City  Date Loan was originally Incurred  Registration Number, if PAC  Employer-Occupation Labor Organization	M on* ndividuals o	D  Over \$100 inployer sh	to statewic	M M M se and geted. If t	Date D D D D D D D D D D D D D D D D D D D	Y Y Ssembly	Amount \$ candidates. If contrib	M M M utor is self	Date D	Y Y Y	Outstanding Balance  This Period
Address  City  Date Loan was originally Incurred  Registration Number, if PAC  Employer Occupation Labor Organization  * Required for contributions from in the individual's business, if any, railabor organization of which the emiliation of the individual of the emiliation of the em	M  on*  odividuals of their than entiployees are given" in the state of the state o	D  Nover \$1000  Imployer she "Outs of all pay	to statewice to statewice to statewice to statewice to statewice to state with the state of the	M M M M Se and g sted. If toust also	Date D D D D eneral a avo or m appear. " space	Y Y ssembly ore emp [R.C. 3:	Amount  S  candidates. If contrib loyees contribute via 517.10(B)(4)] fer total of all loans	M M utor is self-	Date D D D D D D D D D D D D D D D D D D D	Y  Y  d, the ocd exceed	Outstanding Balance  This Period
Address  City  Date Loan was originally Incurred  Registration Number, if PAC  Employer Occupation Labor Organization  * Required for contributions from in the individual's business, if any, ratlabor organization of which the emilian is forgiven, write "Forgincome (Form No. 31-A-2). Trat Balance to the Cover page (Form	M  on*  ndividuals of their than entipologies are given" in the state of the state	D  over \$100  mployer she "Outs  of all pay  A).	to statewice to statewice to statewice to statewice to statewice to state with the state of the	M M M M Se and g sted. If toust also	Date D D D D eneral a avo or m appear. " space	Y Y ssembly ore emp [R.C. 3:	Amount  S  candidates. If contrib loyees contribute via 517.10(B)(4)] fer total of all loans	M M utor is self-	Date D D D D D D D D D D D D D D D D D D D	Y  Y  d, the ocd exceed	Outstanding Balance  This Period
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