

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR BOB CLARK							
Full Name of Contributor EILEEN AUSTRIA						Registration Number, if PAC	
Street Address 2537 OBETZ DR.			Employer/Occupation/Labor Organization* SELF-EMPLOYED			Form (Cash, Check, etc.) CHECK	
City BEAVERCREEK			State OH		Zip Code 45434		M D Y 08 24 15 Amount 250.00
Full Name of Contributor DAVID HEIL						Registration Number, if PAC	
Street Address 126 S. COLUMBUS ST.			Employer/Occupation/Labor Organization* U.S. HOUSE OF REPRESENTATIVE			Form (Cash, Check, etc.) CHECK	
City ARLINGTON			State VA		Zip Code 22204		M D Y 10 06 15 Amount 250.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code		M D Y Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code		M D Y Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code		M D Y Amount
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City			State		Zip Code		M D Y Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City			State		Zip Code		M D Y Amount

* 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)]