A CONTRACT

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full								_
Name of Committee in Full CETIZENS FOR RANKIN								
Full Name of Contributor			Registr	ation N	umb	er. if I	PAC.	_
RICHANNE M. ZYMKOSKI			og.oc.	41.077		o.,		
Street Address	Employer/Oc				_	Form (Cash, Check, etc.)	_	
2128 POPLAR STREET						CHECK		
City	State	Zip Code	М	D	Т	Υ	Amount	_
COLUMBUS	ОГП	43209	1 1	1	s c) 5	1.00.0)
Full Name of Contributor		•	Registr	ation N	umb	er, if I	AC .	_
SCOT E. DEWHIRST						_		
Street Address	Employer/Oct					Form (Cash, Check, etc.)		
560 E. TOWN STREET	ARTZ &					CHECK		
City	State	Zip Code	M	D		Y	Amount	
COLUMBUS Full Name of Contributor	O ii	43215	1 1) 5	50.0	J
			Kegisti	ation N	umo	er, ir i	AC	
LYNN A. GREER Street Address	Employer/Oo	cupation/Labor Organization					Form (Cash, Check, etc.)	_
1200 CHAMBERS ROAD. SUITE 410	Linployer/Oct	cupation/Labor Organization					CHECK	
City	State	Zip Code	М	D	_	Y	Amount	_
COLUMBUS	OH	\ '	1 2	1 .	8 1	5 5	100.0	0
Full Name of Contributor	1.			ation N	_	_		_
TRANSFER FROM FORM 31E			`					
Street Address	Employer/Oc					Form (Cash, Check, etc.)	_	
City	State	Zip Code	М	D	Т	Υ	Amount	
				1) 5	250.0	J
Full Name of Contributor			Registr	ation N	umb	er, if f	AC	
TRANSFER FROM FORM 31E	Is I (A	cupation/Labor Organization					5 (Ct- Ctt)	_
Street Address	Employer/Oc					Form (Cash, Check, etc.)		
City	State	Zip Code	М	l D	_	Υ	Amount	-
·		L.p 0000		2	۱ ۱) 5	135.0	n
Full Name of Contributor				ation N				_
TRANSFER FROM FORM 31E						ĺ		
Street Address	Employer/Oc	cupation/Labor Organization					Form (Cash, Check, etc.)	_
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City	State	Zip Code	М	D		Y	Amount	_
			1 0) 5	3,000.0)
Full Name of Contributor			Registi	ation N	lumb	er, if I	AC	
TRANSFER FROM FORM 31E	l= 1 /n			,			Fr /0. h ol . l . h)	
Street Address	Employer/Oc	cupation/Labor Organization					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D		Y	Amount	_
City	State	Zip code	1 0	1	7 l () 5	705.0	n
Full Name of Contributor				ation N	-			
						,		
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	_
City	State	Zip Code	М	Ð	-	Y	Amount	_
* Required for contributions over \$100 to statewide and gener	-			-				
If two or more employees contribute via payroll deduction and	exceed the aggre	gate of \$100, the labor organ	ization of	which t	he e	mploy	ees are members, if any, m	us

appear. R.C. 3517.10(B)(4)

Page Total \$ 4,340.00