## Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full	<del></del>		<del></del>		_				
CUTEZENS FOR RANKIN									
Full Name of Contributor					Registration Number, if PAC				
RICHANNE M. ZYMKOSKI									
Street Address	Employ	res/Occi	upation/Labor Organization		_			Form (Ca	sh, Check, etc.)
2128 POPLAR STREET					CHECK				
City	SI	tate	Zip Code	M	T	D	ΤY	Amount	
COLUMBUS	0	Lit	43209	$1_{112}$	ıİı	Ls	01	1	100.00
Full Name of Contributor							mber, d		100.00
SCOTE DEWHIRST				1					
Street Address	Employ			-		Iform (Cas	h, Check, etc.)		
- 560 E. TOWN STREET	1	ARTZ & DEWHIRST LLP			•			CHIE	· ·
City		ate	Zip Code	M	1	D	Y	Amount	
COLUMBUS	0	lii	43215	1			0   5		50.00
Full Name of Contributor		, ,,	10.010				mber, if		203.003
LYNN A. GREER								170	
Street Address	Employ	Employer/Occupation/Labor Organization			_	_		Form /Car	h, Check, etc.)
1200 CHAMBERS ROAD, SUITE 410	(	cripoyar occupators canon organization						1	
Gity		ate	Zip Code	Тм	Τ-	Đ	ΙΥ	Amount	<u> </u>
COLUMBUS	\ o^*	l H	43212	1			1	1	100.00
Full Name of Contributor	1.0	11	40414	1 2			0   5		100.00
TRANSFER FROM FORM 31E				veher	TATIO	n Nu	mber, if	PAL	
Street Address Employer/Occupation/Labor Organization								Te (a)	
and the Manager	Linksoyi	Form (Cash, Check, etc.)				h, Check, etc.)			
Œty	St	ate	Zip Code	М	_	D	ΙY	Amount	
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Full Name of Contributor	<u> </u>	L	<u></u>				nber, if		250.00
TRANSFER FROM FORM 31E				negişt		1140	ilibei, ii	FAC	
Street Address	Femolove					Trans (Cool	e estado ano		
		Employer/Occupation/Labor Organization						Fulli (Cas	n, Check, etc.)
City		ate	Zip Code	I M			Г <sub>Y</sub>	1	
	] 30	) Prê	25 000	1 .	1	0		Amount	125.00
Full Name of Contributor			<u> </u>				0   5		135.00
TRANSFER FROM FORM 31E				Kegisti	JUO	) Nui	nber, if	PAC	
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and the state of t	еприуе	Employer/Occupation/Labor Organization						Form (Casi	ı, Check, etc.)
City			In c.d.					<u> </u>	
ay	Sta	rue	Zip Code	l M		D 1 -	Y   A   E	Amount	2 666 35
Full Name of Contributor			<u> </u>	_	_		0 5		3,000.00
TRANSFER FROM FORM 31E				Kegistr	auor	) NUI	nber, if	PAC	
Street Address	[c1							1 <del>2</del>	
20 set voorezz	Employer/Occupation/Labor Organization								, Check, etc.)
	<del></del> _		I						
City	Sta	ite	Zip Code	М	1		Y .	Amount	
			<u> </u>				0 5		705.00
Fulf Name of Contributor				Registr	ation	Nur	nber, if	PAC	
				<u>L</u>					
Street Address	ddress Employer/Occupation/Labor Organization								, Check, etc.)
City .	Sta	ite	Zip Code	M	1	)	Y	Amount	
			]	ļ					l
Required for contributions over \$100 to statewide and general		and distant					- 1		

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 appear. R.C. 3517.10(B)(4)

Page Total \$ 4,340.00