

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | |
|--|--------------------|---|---------------|-----------------------------|--|-----------------------------|
| Name of Committee in Full Citizens For Rankin | | | | | | |
| Full Name of Contributor Richanne M. Zymkoski | | | | Registration Number, if PAC | | |
| Street Address 2128 Poplar Street | | Employer/Occupation/Labor Organization* Franklin County Common Pleas, Bailiff | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43209 | M 1 | D 1 | Y 8 | Amount \$100.00 |
| Full Name of Contributor Scot E. Dewhirst | | | | Registration Number, if PAC | | |
| Street Address 560 E. Town Street | | Employer/Occupation/Labor Organization* Artz & Dewhirst LLP, Attorney | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43215 | M 1 | D 1 | Y 8 | Amount \$50.00 |
| Full Name of Contributor Lynn A. Greer | | | | Registration Number, if PAC | | |
| Street Address 1200 Chambers Road, Suite 410 | | Employer/Occupation/Labor Organization* Not employed, Retired | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43212 | M 1 | D 2 | Y 0 | Amount \$100.00 |
| Full Name of Contributor Transfer From Form 31 E | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M 1 | D 0 | Y 1 | Amount \$250.00 |
| Full Name of Contributor Transfer From Form 31 E | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M 1 | D 0 | Y 2 | Amount \$135.00 |
| Full Name of Contributor Transfer From Form 31 E | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M 1 | D 0 | Y 2 | Amount \$3,000.00 |
| Full Name of Contributor Transfer From Form 31 E | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M 1 | D 0 | Y 2 | Amount \$705.00 |
| 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 |

* 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)]

Page Total **\$4,340.00**