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Statement of Contributions Received

	Prescribed by S	ecretary of State 2/01			
Name of Committee in Full		-			
CITIZENS FOR RANKIN					
Full Name of Contributor	-		Registration Number, if	Registration Number, if PAC	
TRANSFER FROM FORM 31	-E		j		
Street Address	Employer/Oc	cupation/Labor Organizati	on	Form (Cash, Check, etc.)	
City	State	Zip Code	MDY	Amount	
			0 8 3 1 0 5		
Full Name of Contributor	<u>!</u>		Registration Number, if		
TRANSFER FROM FORM 31-	-Æ		,		
Street Address	Employer/Oc	cupation/Labor Organization	on	Form (Cash, Check, etc.)	
City	State	Zip Code	MDY	Amount	
		1	0 9 1 3 0 5		
Full Name of Contributor			Registration Number, if		
TRANSFER FROM FORM 31-	E		, , ,		
Street Address	Employer/Oc	cupation/Labor Organizatio	n	Form (Cash, Check, etc.)	
City	State	Zip Code	MDY	Amount	
			0 9 1 7 0 5	580.00	
Full Name of Contributor		<u> </u>	Registration Number, if F		
TRANSFER FROM FORM 31-	E		•••••••••••••••••••••••••••••••••••••		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)	
City	State	Zip Code	M D Y	Amount	
	1 1	1	0 9 2 1 0 5	2,250,00	
Full Name of Contributor			Registration Number, if P		
TRANSFER FROM FORM 31-	<u> </u>				
Street Address	Employer/Occ	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)	
City	State	Zip Code	и о у	Amount	
	1		1 0 1 1 0 5	1,805.00	
Full Name of Contributor		<u> </u>	Registration Number, if P		
TRANSFER FROM FORM 31-1	<u> </u>			• • •	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)	
City	State	Zip Code	M D Y	Amount	
			1 0 2 5 0 5	400.00	
uli Name of Contributor			Registration Number, if P	AC .	
treet Address	Employer/Occi	pation/Labor Organization	1	Form (Cash, Check, etc.)	
ity	State	Zip Code	M D Y	Amount	
ull Name of Contributor	-		Registration Number, if PA	AC	
treet Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
ity	State	Zip Code	MOY	Amount	
	}		-	•	
Required for contributions over \$100 to statewi	ide and constal accombly condide	ala . Baa Manasibusasis aala .		<u>.</u>	

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(8)(4)

Page Total \$ 9,201.00