

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN											
Full Name of Contributor PAUL V. DEMING						Registration Number, if PAC					
Street Address 886 MIDDLEBURY DRIVE N.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK				
City WORTHINGTON		State O H		Zip Code 43085		M 1 0		D 1 7		Y 0 5	
						Amount 25.00					
Full Name of Contributor COLETTE A. YATES						Registration Number, if PAC					
Street Address 273 WEYDON RD.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK				
City WORTHINGTON		State O H		Zip Code 43085		M 1 0		D 1 7		Y 0 5	
						Amount 10.00					
Full Name of Contributor HELEN M. NINOS						Registration Number, if PAC					
Street Address 891 DARK STAR AVENUE			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK				
City GAHANNA		State O H		Zip Code 43230		M 1 0		D 1 7		Y 0 5	
						Amount 50.00					
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 0 6		D 0 1		Y 0 5	
						Amount 25.00					
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 0 6		D 2 1		Y 0 5	
						Amount 800.00					
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 0 7		D 1 4		Y 0 5	
						Amount 2,170.00					
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 0 8		D 1 7		Y 0 5	
						Amount 1,575.00					
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 0 8		D 2 3		Y 0 5	
						Amount 1,050.00					

* 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 \$ 5,705.00