

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN									
Full Name of Contributor JANIS HOTT						Registration Number, if PAC			
Street Address 1086 SAY AVENUE			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O   H	Zip Code 43201	M 1	D 1	Y 0	2	0	5	Amount 500.00
Full Name of Contributor BONNIE J. SPRING						Registration Number, if PAC			
Street Address 1806 RED FERN DRIVE			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O   H	Zip Code 43229	M 1	D 1	Y 0	7	0	5	Amount 50.00
Full Name of Contributor MARY DEE DRYER						Registration Number, if PAC			
Street Address 23845 FORDSON			Employer/Occupation/Labor Organization CANDIDATE'S FAMILY MEMBER				Form (Cash, Check, etc.) CHECK		
City DEARBORN	State M   I	Zip Code 48124	M 1	D 1	Y 0	7	0	5	Amount 500.00
Full Name of Contributor ROBERT GRAY PALMER						Registration Number, if PAC			
Street Address 185 RUSTIC PLACE			Employer/Occupation/Labor Organization ATTORNEY				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O   H	Zip Code 43214	M 1	D 1	Y 0	8	0	5	Amount 250.00
Full Name of Contributor CANDACE MCCHESENEY						Registration Number, if PAC			
Street Address 2750 OAKRIDGE COURT			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City UPPER ARLINGTON	State O   H	Zip Code 43221	M 1	D 1	Y 1	0	0	5	Amount 100.00
Full Name of Contributor WALTER J. GERHARDSTEIN						Registration Number, if PAC			
Street Address 7100 N. HIGH ST., SUITE 307			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City WORTHINGTON	State O   H	Zip Code 43085	M 1	D 1	Y 1	0	0	5	Amount 100.00
Full Name of Contributor CAROL A. WRIGHT						Registration Number, if PAC			
Street Address 318 BERGER ALLEY			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O   H	Zip Code 43209	M 1	D 1	Y 1	1	0	5	Amount 100.00
Full Name of Contributor MARY C. WOODS						Registration Number, if PAC			
Street Address 1022 BLIND BROOK DRIVE			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O   H	Zip Code 43235	M 1	D 1	Y 1	1	0	5	Amount 100.00

\* 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 \$ 1,700.00