	_
	_
Page	_

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full										
CITIZENS FOR RANKIN			# W - 1 - 14 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Ta ·				** =		
Full Name of Contributor				Regis	stra	tion N	umber,	, IT F	AC	
KILROY FOR COMMISSIONER	Translati	or/Occur	nation // abor Organization					_	Form (Cash, Chec	k atc.)
Street Address	Employ	er/Occu	pation/Labor Organization							к, екс.)
3886 N. HIGH STREET	-		17:- 0-d-	1			1 7		CHEDK	
COLUMBUS	O	rate H	Zip Code 43214	M	ام	3	Y 0		Amount	250.00
Full Name of Contributor		1.1	"T. 7.in.L."I		_		umber,		AC	400.00
FRIENDS OF SHERROD BROWN				neg.	34,74	c.	ыл <i>,</i> ост,		7.0	
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Chec	k, etc.)	
607 14TH ST., NW, SUTTE 800	g-n								CHECK	
City	St	ate	Zip Code	Тм	\neg	D	l Y		Amount	
WASHINGTON	1 D	I C	20005	111	ا ه	3 -	1 .			100.00
Full Name of Contributor	1 12		60000				umber,		AC.	
RICHARD D. GALLAGHER										
Street Address	Employ	er/Occu	pation/Labor Organization	_					Form (Cash, Chec	k. etc.)
373 W, 6TH AVE.		Employer/ Occupation/ Eabor Organization							CHECK	
City	Si	tate	Zip Code	Тм	-1	D	Y		Amount	1000
COLUMBUS	\perp_{0}	11	43201	11	4		t loi		ľ	500,00
Full Name of Contributor		1 1	#2/ # C/#		_		umber,	_		2707071070
JOHN WILLIAM FERRON							_			
Street Address	Employ	er/Occu	pation/Labor Organization						Form (Cash, Chec	ck. etc.)
6262 DEESIDE DRIVE		TORN	_						CHECK	,,
City		tate	Zip Code	Тм		D	TY	_	Amount	-
DUBLIN		Н	43017	1 .	1	$0 \mid 2$, and a	250.00
Full Name of Contributor	1 0	1 11	15/01/	- "	_		umber,		.AC	6e-273/15/75/
LABORERS INT'L UNION OF N.A. L-42.	3 PAC	FLINI	`	1 -	Α9		,	,		
Street Address			pation/Labor Organization	<u> </u>	2 2 2	1.4.4			Form (Cash, Chec	ck etc.)
620 ALUM CREEK DRIVE	Linploy	017 0000	patient case. organization						CHECK	, 0.0,
City		ate	Zip Code	М	Т	D	ΤY		Amount	
COLUMBUS	$\int o$	H	43205		т I	0 3	1			500.00
Full Name of Contributor	ν.,	3. 1.	1,7200				umber,		AC	300.00
RICHARD L. LEVINE										
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)		
2754 BRYDEN ROAD								CHECK		
City	Sı	tate	Zip Code	М	г	D	Y		Amount	
COLUMBUS	\perp o	Н	43209	1.1	1	0 2	- 1			100.00
Full Name of Contributor		1					umber,			.200100
CURTIS F. GANTZ										
Street Address	Employ	er/Occu	pation/Labor Organization	_					Form (Cash, Chec	k, etc.)
175 S. THIRD ST.	LANE, ALTON & HORST							CHECK		
City	_	ate	Zip Code	М	П	D	Y		Amount	
COLUMBUS	0	H	43215	111	$_{1}$	$0 \mid 2$	2 0 1	5	ł	400.00
Full Name of Contributor				Regis	stra		umber,		AC	
ANDREW L. KLEIN										
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)		
1090 SAY AVE.	ATTORNEY							CHECK		
City		ate	Zip Code	М	Т	D	Y		Amount	
COLUMBUS	0	Н	43201	111	1	0 2	2 01	5		500.00
* Required for contributions over \$100 to statewide and general						_			L	

* 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 \$ 2,600.00