Statement of Contributions Received

Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full		· · ·				-
DOUGLAS L. RANKIN CITY OF WE	STERVILL	E - CITY COUNCIL				
Full Name of Contributor DOUGLAS L RANKIN			Registra	tion Num	ber, if P	AC
Street Address	Employer/Occupa	tion/Labor Organization*	1			Form (Cash, Check, etc.)
SIL WOODVIEW ROAD	State	Tin Code	1 1/	<u> </u>		<u> </u>
WESTERVILLE	6 H	43081	06	24	1 3	Amount 500.00
Full Name of Contributor DOUGLAS L. RANKIN			Registra	tion Num	ber, if P	AC
Street Address	Employer/Occupat	ion/Labor Organization				Form (Cash, Check, etc.)
516 WOODVIEW ROAD						CASH
City WESTERVIEW ROAD	State OH	Zip Code +3081	o 7	26	ı 3	
Full Name of Contributor				tion Num		
POUGLAS L. RANKIN	F=					
SIL WOOD VIEW ROAD	Employer/Occupat	ion/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y ₁ _	Amount
WESTERVIEW ROAD Full Name of Contributor	OH	43081	0 8	1 5	1 3	300.00
DOUGLAS L. RANKIN			Kegistra	tion Num	iber, if P/	
Street Address	Employer/Occupat	ion/Labor Organization				Form (Cash, Check, etc.)
516 WOODVIEW ROAD	State	Zip Code	M	D	Y	CBSH Amount
WESTERVIEW	011	43081	09	04	13	100.00
Full Name of Contributor			Registra	tion Num	ber, if P/	AC
Street Address	Employer/Occupat	tion/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	<u> </u>		Registra	tion Num	ber if Pa	A.C.
Full Name of Contributor Registration Number, if PAC						.~
Street Address	Employer/Occupa	tion/Labor Organization				Form (Cash, Check, etc.)
Сіту	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	ļ	<u> </u>	Registra	tion Num	ber, if Pa	AC .
Street Address	I=1(O	tion/Labor Organization				Form (Cash, Check, etc.)
	Employer/Occupa	uoto Labor Organization				(
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor Registration Number, if P.					Ac	
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount

Page Total \$ _____

^{*} 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)]