## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full					_
Citizens For Rankin					
Full Name of Contributor Franklin County Democratic Party Judicial Account			Registration Number, if PAC		
Street Address 271 East State Street	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	1 0 2	6 0 5	Amount \$6,500.00
Full Name of Contributor Avis M. Rankin			Registration Number, if PAC		
Street Address 2432 Wyncourtney Court		Employer/Occupation/Labor Organization* Not employed, Retired			Form (Cash, Check, etc.) Check
City Powell	State OH	Zip Code 43065	1 0 2	6 0 5	Amount \$30,000.00
Full Name of Contributor Isaac, Brant, LedIman & Teetor			Registration Number, if PAC		
Street Address 250 East Broad Street	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	1 0 2	8 0 5	Amount \$250.00
Full Name of Contributor Joseph E. Scott				Number, if P.	AC
Street Address 35 E. Livingston Avenue	Employer/Occupation/Labor Organization* Scott Law Firm Co., LPA, Attorney				Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	1 0 2	8 D 5	Amount \$325.00
Full Name of Contributor Eugene Kappeler			Registration	Number, if P.	AC
Street Address 635 Rothmoore Drive	Employer/Occupation/Labor Organization Not employed, Retired		-		Form (Cash, Check, etc.) Check
City Galloway	State OH	Zip Code 43119	1 0 2 D	8 0 5	Amount \$25.00
Full Name of Contributor Christina L. Corl			Registration Number, if PAC		
Street Address 500 South Front Street, Suite 1200		Employer/Occupation/Labor Organization* Crabbe, Brown & James, Attorney			Form (Cash, Check, etc.) Check
City Columbus	Stake OH	Zip Code 43215	1 0 2	8 D 5	Amount \$500.00
Full Name of Contributor Edwin L. Malek			Registration Number, if PAC		
Street Address 1227 S. High Street	1	Employer/Occupation/Labor Organization* Malek & Malek, Attorney			Form (Cash, Check, etc.) Check
City Columbus	Stake OH	Zip Code 43215		8 0 5	Amount \$130.00
Full Name of Contributor Harlan S. Louis			Registration	Number, if P	
Street Address 10 West Broad Street, Suite 2100		Employer/Occupation/Labor Organization Bailey Cavalieri, Attorney			Form (Cash, Check, etc.) Check
City Columbus	Stake OH	Zip Code 43215	M D	8 0 5	Amount \$150.00

Page Total \$37,880.00

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)]