

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | |
|--|--|--|--------------------------------|-----------------------------|-----------------------------|--------|--|--|
| CITIXENS FOR RANKIN Full Name of Contributor | Employer, Occupation, Labor Organization * Registration Number, if PAC | | | | | | | |
| Konan Pi | | Jugiotra | | | | | | |
| Street Address | Liu Pon Xi Description of Item or Service | | М | D Y | Fair Market Valu | ue | | |
| 8 E. Goodale Street | fo | food, beverages | | 2 7 0 | 5 | 100.00 | | |
| City | State | Zip Code | Received a | at Fundraisi | ng Ev <u>ent</u> ? | | | |
| Columbus | O H | 43215 | ⊥ ⊠n | E\$ | NO | | | |
| Full Name of Contributor | | Employer, Occupation, Labor Organization * | | Registration Number, if PAC | | | | |
| Ron Levy | Par | Parking Solutions | | | | | | |
| Street Address | | Description of Item or Service | | | Fair Market Valu | | | |
| 850 Michigan Avenue | | valet service | | | 5 | 60.00 | | |
| City | State | Zip Code | Received at Fundraising Event? | | | | | |
| Columbus | O H | 43215 | | | WO | | | |
| Full Name of Contributor | | Employer, Occupation, Labor Organization * | | | Registration Number, if PAC | | | |
| Mark Dempsey | | Franklin County | | M D Y Fair Market Value | | | | |
| Street Address | | Description of Item or Service | | D Y | I | | | |
| 1305 Westwood | | yard sign frames | | 1 6 0 | | 390.00 | | |
| City Columbus | State | Zip Code 43212 | · | at Fundraisi ES | ng Event? | | | |
| Full Name of Contributor | ~ . | | | | | | | |
| Full Name of Contributor | Employer, Occi | Employer, Occupation, Labor Organization * Registration Number, if PAC | | | | | | |
| Street Address | Description of | Description of Item or Service | | D Y | Fair Market Valu | ie | | |
| City | State | Zip Code | Received : | at Fundraisi | na Event? | | | |
| city | | 210 0000 | | ES | NO NO | | | |
| Full Name of Contributor | Employer, Occi | Employer, Occupation, Labor Organization * | | Registration Number, if PAC | | | | |
| Street Address | Description of | Description of Item or Service | | D Y | Fair Market Valu | te. | | |
| Street Address | DOSCHIPTION OF | Rem or service | M | ĭli | Tall Market Valo | | | |
| City | State | Zip Code | Received a | at Fundraisi | ng Event? | | | |
| | | | h | ES | 10 | | | |
| Full Name of Contributor | Employer, Occ | Employer, Occupation, Labor Organization * Registration Number, if PAC | | | if PAC | | | |
| Street Address | Description of | Description of Item or Service | | D Y | Fair Market Valu | ıe | | |
| | | | | | | | | |
| City | State | Zip Code | 1 | at Fundraisi ES | ng Event? | | | |
| Full Name of Contributor | Employer, Occi | upation, Labor Organization * | | on Number, | | | | |
| | | | | | | | | |
| Street Address | Description of | Description of Item or Service | | D Y | Fair Market Valu | ie | | |
| City | State | Zip Code | Received a | at Fundraisi | ng Event? | | | |
| | | | ri | ES | NO | | | |
| Full Name of Contributor | Employer, Occi | Employer, Occupation, Labor Organization * | | Registration Number, if PAC | | | | |
| Street Address | Description of | Description of Item or Service | | D Y | Fair Market Valu | ıė | | |
| | | | | | | | | |
| City | State | Zip Code | | at Fundraisi ES | . [] | | | |
| | | 1 | 1 [1 | LJ | NO | | | |

| Page Total \$ | 550.00 |
|---------------|--------|
| | |

^{*} Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupator 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)]