

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name of Contributor JANIS HOOT					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 1	D 0 2	Y 0 5	Amount 500.00	
Full Name of Contributor BONNIE L SPRING					Registration Number, if PAC		
Street Address 1506 RED BERN DRIVE		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43229	M 1 1	D 0 7	Y 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 1	D 0 7	Y 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 1	D 0 8	Y 0 5	Amount 250.00	
Full Name of Contributor CANDACE MCCLESNEY					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 1	D 1 0	Y 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 1	D 1 0	Y 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 1	D 1 1	Y 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 1	D 1 1	Y 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