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Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full						
CITIZENS FOR RANKIN						
Full Name of Contributor			Dominantina II.			
PAUL V. DEMING				Registration Number, if PAC		
Street Address	Emphyse/Oc	remaring () abov Omenimating				
886 MIDDLEBURY DRIVE N.	Employer/Occupation/Labor Organizatio				rm (Cash, Check, etc.)	
Gty	5000	7. 6.4.	· · · · · · · · · · · · · · · · · · ·		CHECK	
WORTHINGTON	State	Zip Code	M D		nount	
Full Name of Contributor	10 1-	43085	1017		25.00	
COLETTE A. YATES			Registration Num	ber, if PAC		
Street Address						
273 WEYDON RD.	Employer/OC	cupation/Labor Organization			rm (Cash, Check, etc.)	
City		TT 0 :			CHECK	
WORTHINGTON	State	Zip Code	M D		nount	
Full Name of Contributor	O [H	43085		0 5	10.00	
• ''			Registration Num	ber, if PAC		
HELEN M. NINOS						
Street Address	Employer/Oci	cupation/Labor Organization	Form (Cash, Check, etc.)		m (Cash, Check, etc.)	
891 DARK STAR AVENUE				1_9	CHECK	
City	State	Zip Code	M D	1	ount	
GAHANNA Full Name of Contributor	(O H	43230	1 0 1 7	<u>0 5 </u>	50.00	
			Registration Num	ber, if PAC	<u> </u>	
TRANSFER FROM FORM 31-E			_ [
Street Address	Employer/Occ	Employer/Occupation/Labor Organization			m (Cash, Check, etc.)	
City	State	Zip Code	M D	Y Am	ount	
			0 6 0 1	0 5 	25.00	
Full Name of Contributor			Registration Num	per, if PAC		
TRANSFER FROM FORM 31-E						
Street Address	Employer/Occ	upation/Labor Organization		For	m (Cash, Check, etc.)	
	ŀ			- 1		
City	State	Zip Code	M D	Y Am	Ount	
<u></u>			0 6 2 1	0 5	800.00	
Full Name of Contributor			Registration Numb	er, if PAC		
TRANSFER FROM FORM 31-E			1			
Street Address	Employer/Occ	upation/Labor Organization		For	m (Cash, Check, etc.)	
City	State	Zip Code	M D	Y Am	ount	
	1 1	1	0 7 1 4	0 5	2,170.00	
Full Name of Contributor			Registration Numb		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TRANSFER FROM FORM 31-E						
Street Address	Employer/Occ	upation/Labor Organization	<u> </u>	Fon	n (Cash, Check, etc.)	
	1	•		- 1		
City	State	Zip Code	M D	Y Am	DURT	
	1 1		0 8 1 7	0 5	1,575.00	
full Name of Contributor			Registration Numb		1,57 5.00	
TRANSFER FROM FORM 31-E						
Street Address	Employer/Occi		Fort	n (Cash, Check, etc.)		
	, , , , , , , , , , , , , , , , , , ,	- Same		· ····· (casin carett ett.)		
ity	State	Zip Code] M] D	Y Алы	wint	
-	1	1	1 1 1			
Denimal for contributions may \$100 to establish and a		1	0 8 2 3 0	7 2	1,050.00	

* 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 \$ _____5,705.00