

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Rankin			
Full Name of Contributor Mike R. Rankin	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 2432 Wyncourtney Court	Description of Item or Service Copies	M D Y 0 5 0 3 0 4	Fair Market Value 1.20
City Powell	State Zip Code O H 43065	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Mike R. Rankin	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 2432 Wyncourtney Court	Description of Item or Service Food, beverages	M D Y 0 5 1 2 0 4	Fair Market Value 295.00
City Powell	State Zip Code O H 43065	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Mike R. Rankin	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 2432 Wyncourtney Court	Description of Item or Service Event Tickets	M D Y 0 5 1 9 0 4	Fair Market Value 175.00
City Powell	State Zip Code O H 43065	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

* Required for contributions from individual 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 also appear.

[R.C. 3517.10(B)(4)]