

# In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CITIZENS FOR RANKIN</b>			
Full Name of Contributor <b>MIKE R. RANKIN</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>2432 WYNCOURTNEY CT.</b>	Description of Item or Service <b>PALM CARDS</b>	M   D   Y <b>0   5   0   6   0   5</b>	Fair Market Value <b>750.00</b>
City <b>POWELL</b>	State   Zip Code <b>O   43065</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>MIKE R. RANKIN</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>2432 WYNCOURTNEY CT.</b>	Description of Item or Service <b>POSTAGE 6/1 FR</b>	M   D   Y <b>0   5   1   2   0   5</b>	Fair Market Value <b>11.50</b>
City <b>POWELL</b>	State   Zip Code <b>O   43065</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>MIKE R. RANKIN</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>2432 WYNCOURTNEY CT.</b>	Description of Item or Service <b>POSTAGE 6/21 FR</b>	M   D   Y <b>0   5   2   4   0   5</b>	Fair Market Value <b>46.00</b>
City <b>POWELL</b>	State   Zip Code <b>O   43065</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>MIKE R. RANKIN</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>2432 WYNCOURTNEY CT.</b>	Description of Item or Service <b>POSTAGE</b>	M   D   Y <b>0   5   2   4   0   5</b>	Fair Market Value <b>23.40</b>
City <b>POWELL</b>	State   Zip Code <b>O   43065</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>MIKE R. RANKIN</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>2432 WYNCOURTNEY CT.</b>	Description of Item or Service <b>FOOD</b>	M   D   Y <b>0   6   0   1   0   5</b>	Fair Market Value <b>159.40</b>
City <b>POWELL</b>	State   Zip Code <b>O   43065</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>MIKE R. RANKIN</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>2432 WYNCOURTNEY CT.</b>	Description of Item or Service <b>POSTAGE</b>	M   D   Y <b>0   6   0   3   0   5</b>	Fair Market Value <b>161.00</b>
City <b>POWELL</b>	State   Zip Code <b>O   43065</b>	Received at Fundraising Event? <input checked="" 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	

\* 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)]