Page	2

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full						
CITIZENS FOR RANKIN						
Full Name of Contributor			Registra	ation Nu	mber, if F	PAC
TRANSFER FROM FORM 31-E						
Street Address	Employer/Occ	unation / abor Organization	Ь—			Form (Cash, Check, etc.)
Street Address	Employer/occ	Employer/Occupation/Labor Organization				Torri (cash, check, ctc.)
Ott.	Chara	Tin Code	М	l n	ΙΥ	Amount
City	State	Zip Code		D	l	+
					0 5	1,050.00
Full Name of Contributor			Registra	ation Nu	mber, if I	AC
TRANSFER FROM FORM 31-E			<u> </u>			
Street Address	Employer/Occ				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount
			0 6	0 1	0 5	1,879.00
Full Name of Contributor			Registra	ation Nu	mber, if I	PAC
			1			
Street Address	Employer/Occ	:upation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	ΙΥ	Amount
				lι	l i	
Full Name of Contributor			Registra	tion Nu	mber, if I	PAC
Tan Name of Contributor			g.oc.re	10011114		,,,
Street Address	Employer/Occ	cupation/Labor Organization				Form (Cash, Check, etc.)
Street Address	Linployer/occ	upation/ Labor Organization				Tomi (Casii, Check, etc.)
Cit	Ctata	Ti- Code	М	D	ΙΥ	Amount
City	State	Zip Code	101		1 1	Amount
			In it		<u> </u>	
Full Name of Contributor			Registra	ation Nu	mber, if F	PAC
Street Address	Employer/Occ	cupation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registra	ation Nu	mber, if I	PAC
			1			
Street Address	cupation/Labor Organization	Form (Cash, Check, etc.)				
City	State	Zip Code	М	D	ΙY	Amount
-						
Full Name of Contributor			Registra	tion Nu	mber, if I	AC.
			l again			
Street Address	Employer/Occ	cupation/Labor Organization	<u> </u>			Form (Cash, Check, etc.)
Street Address	Linployer/occ	upation/ Labor Organization				onii (Casii, Check, etc.)
		In a			Τ ν	
City	State	Zip Code	M	D	Y	Amount
					<u> </u>	
Full Name of Contributor			Registra	ation Nu	mber, if f	PAC
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
* Required for contributions over \$100 to statewide and ge	neral assembly candic	lates. If contributor is self-em	ployed, oc	cupation	rather t	han employer should be listed

appear. R.C. 3517.10(B)(4)

Page Total \$ 2,929.00