

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name of Contributor KILROY FOR COMMISSIONER						Registration Number, if PAC	
Street Address 3886 N. HIGH STREET			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43214	M 1	D 0	Y 3	Amount 250.00	
Full Name of Contributor FRIENDS OF SHERROD BROWN						Registration Number, if PAC	
Street Address 607 14TH ST. NW, SUITE 800			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City WASHINGTON	State D C	Zip Code 20005	M 1	D 0	Y 3	Amount 100.00	
Full Name of Contributor RICHARD D. GALLAGHER						Registration Number, if PAC	
Street Address 373 W. 6TH AVE.			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43201	M 1	D 1	Y 0	Amount 500.00	
Full Name of Contributor JOHN WILLIAM FERRON						Registration Number, if PAC	
Street Address 6262 DEESIDE DRIVE			Employer/Occupation/Labor Organization ATTORNEY			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 1	D 1	Y 0	Amount 250.00	
Full Name of Contributor LABORERS INT'L UNION OF N.A. L-423 PAC FUND						Registration Number, if PAC LA912	
Street Address 620 ALUM CREEK DRIVE			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43205	M 1	D 0	Y 2	Amount 500.00	
Full Name of Contributor RICHARD L. LEVINE						Registration Number, if PAC	
Street Address 2754 BRYDEN ROAD			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43209	M 1	D 0	Y 2	Amount 100.00	
Full Name of Contributor CURTIS F. GANTZ						Registration Number, if PAC	
Street Address 175 S. THIRD ST.			Employer/Occupation/Labor Organization LANE, ALTON & HORST			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 1	D 0	Y 2	Amount 400.00	
Full Name of Contributor ANDREW L. KLEIN						Registration Number, if PAC	
Street Address 1090 SAY AVE.			Employer/Occupation/Labor Organization ATTORNEY			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43201	M 1	D 0	Y 2	Amount 500.00	

* 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(8)(4)

Page Total \$ 2,600.00