## **In-Kind Contributions Received**

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIXENS FOR RANKIN	· · · · · · · · · · · · · · · · · · ·			
Full Name of Contributor	Employer, Occupation,	Labor Organization *	Registration Number, if PAC	
Konan Pi	Liu Pon Xi			
Street Address	Description of Item or Service		M D Y Fair Market Value	
8 E. Goodale Street	food, be	everages		0.00
City	State Zip Code		Received at Fundraising Event?	
Columbus	о н	43215	⊠rεs □xο	
Full Name of Contributor	Employer, Occupation,	Labor Organization *	Registration Number, if PAC	
Ron Levy	Parking Solutions Description of Item or Service			
Street Address	Description of Item or	Service	M D Y Fair Market Value	
850 Michigan Avenue	valet s	service	<u> </u>	0.00
City	State Zip Co	•	Received at Fundraising Event?	
Columbus	O [H]	43215	TES to	
Full Name of Contributor	Employer, Occupation,	Labor Organization *	Registration Number, if PAC	
Mark Dumpsey	Franklin	County		
Street Address	Description of Item or	Service	M D Y Fair Market Value	
1305 Westwood	Wire vard s	sign frames	112 16 0 5 390	0.00
City	State Zip Co	de	Received at Fundraising Event?	
Columbus	O H	43212	nes Xo	
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 Co	de	Received at Fundraising Event?	
Full Name of Contributor	Employer, Occupation,	Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or S	Service	M D Y Fair Market Value	
City	State Zip Co	de	Received at Fundraising Event?	
Full Name of Contributor	Employer, Occupation,	Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or S	service	M D Y Fair Market Value	
City		<del></del>		
	State Zip Co	<b>36</b>	Received at Fundraising Event?  VES VO	
Full Name of Contributor	Employer, Occupation, I	abor Organization *	Registration Number, if PAC	
Street Address	Description of Item or S	iervice	M D Y Fair Market Value	
City	State Zip Coo	te	Received at Fundraising Event?	
Full Name of Contributor	Employer, Occupation, L	abor Organization *	Registration Number, if PAC	
Street Address	Description of Item or S	ervice	M O Y Fair Market Value	
City	State Zip Coo	fe	Received at Fundraising Event?	
	<del></del>			

Page Total \$	550.00

<sup>\*</sup> Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupaton 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)]