

# 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 Drive</b>	Description of Item or Service <b>Postage for thank you cards</b>	M <b>0</b>	D <b>4</b>	Fair Market Value <b>13.80</b>
City <b>Powell</b>	State <b>O</b>   <b>H</b>	Y <b>0</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Mark Serrott</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address <b>789-A Northwest Blvd.</b>	Description of Item or Service <b>food and beverages</b>	M <b>0</b>	D <b>4</b>	Fair Market Value <b>350.00</b>
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Y <b>0</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Elizabeth Gill</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address <b>90 E. Mithoff</b>	Description of Item or Service <b>food and beverages</b>	M <b>0</b>	D <b>4</b>	Fair Market Value <b>324.00</b>
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Y <b>0</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Elizabeth Gill</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address <b>90 E. Mithoff</b>	Description of Item or Service <b>stationery, envelopes</b>	M <b>0</b>	D <b>4</b>	Fair Market Value <b>26.00</b>
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Y <b>0</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	Fair Market Value
City	State	Y	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	Fair Market Value
City	State	Y	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	Fair Market Value
City	State	Y	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	Fair Market Value
City	State	Y	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, 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)]