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In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN			## ****					
Full Name of Contributor	Employ	ver Occur	nation Labor Organization *	Registra	tion Nu	mher if	PAC	
Mike R. Rankin	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Street Address	Description of Item or Service			м	D	ΤΥ	Fair Market Value	
2432 Wyncourtney Drive	Postage for thank you cards							
City		tate	Zip Code	0 4 0 4 0 5 13.80 Received at Fundraising Event?				
Powell	O H 43064			VES NO				
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Mark Serrott								
Street Address	Descri	Description of Item or Service			D	Y	Fair Market Value	
789-A Northwest Blvd.		food and beverages			0 5			
City	s		Zip Code	Received at Fundraising Event?				
Columbus	0	H	43212	K	res		₩ 0	
Full Name of Contributor	Emplo	yer, Occup	oation, Labor Organization *	Registra	Registration Number, if PAC			
Elizabeth Gill	L.			ļ		1 4	Te car to sail .	
Street Address	Descri		em or Service	M	D	V V	Fair Market Value	
90 E. Mithoff	<u> </u>		and beverges			0 5		
Columbus	1	State H	Zip Code 43206		g at Fur	ndraising	NO NO	
Columbus Full Name of Contributor	O				_	mhor if		
Elizabeth Gill	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Street Address	Description of Item or Service			М	D	Y	Fair Market Value	
90 E. Mithoff	30001		nery, envelopes			0 5		
City	State Zip Code					ndraising		
Columbus	0	H	43206		YES		10	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC				PAC			
Street Address	Description of Item or Service			М	D	Y	Fair Market Value	
		•						
City	S	state	Zip Code	Receive	d at Fur	ndraising	Event?	
					res		NO	
Full Name of Contributor	Emplo	yer, Occu	pation, Labor Organization *	Registra	ation Nu	mber, if	PAC	
Street Address	Descri	Description of Item or Service		М	D	Y	Fair Market Value	
City	S	State 	Zip Code	Receive	d at Fur	ndraising	Event?	
Full Name of Contributor	Emplo	yer, Occu	 pation, Labor Organization *	Registra		mber, if		
				J				
Street Address	Description of Item or Service			M	D	Y	Fair Market Value	
City	S	State	Zip Code	Receive		ndraising		
	-				YES		NO	
Full Name of Contributor	Emplo	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Descri	Description of Item or Service			D	Y	Fair Market Value	
City	S	State	Zip Code	Receive	_	ndraising		
1	1				/ES		Ю	

Page Total \$	713.80

^{*} 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)]