

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN				
Full Name of Contributor SAIA & PIATT, PLL		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 713 S. FRONT STREET		Description of Item or Service INVITATIONS		M D Y Fair Market Value 0 9 2 1 0 5 46.50
City COLUMBUS		State O H	Zip Code 43215	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor SAIA & PIATT, PLL		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 713 S. FRONT STREET		Description of Item or Service POSTAGE		M D Y Fair Market Value 0 9 2 1 0 5 185.00
City COLUMBUS		State O H	Zip Code 43215	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor SAIA & PIATT, PLL		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 713 S. FRONT STREET		Description of Item or Service FOOD, BEVERAGES		M D Y Fair Market Value 0 9 2 1 0 5 691.00
City COLUMBUS		State O H	Zip Code 43215	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor OHIO DEMOCRATIC PARTY		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 271 E. STATE STREET		Description of Item or Service POLITICAL CONSULTANT		M D Y Fair Market Value 0 9 2 8 0 5 2,000.00
City COLUMBUS		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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 Code	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 Y Fair Market Value
City		State	Zip Code	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 Y Fair Market Value
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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 Code	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, 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 also appear.

[R.C. 3517.10(B)(4)]