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Statement of Contributions Received

Prescribed by Secretary of State 2/01

												
Name of Committee in Full												
Citizens for Rankin Full Name of Contributor Registration Number, if PAC												
rus visine of Contributor		•				Registration Number, if PAC						
Street Address	Employer/0	Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)			
City	State		Zip Code	M	0		1	ر - ا	Amount			
Full Name of Contributor					Registration Number, if PAC							
I.B.E.WC.O.P.E.						C0002734						
Street Address	Employer/(Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)			
11225 15th Street, N.W.								check				
City	State		Zip Code	М	D)		Amount			
Washington	D	<u>C</u>	20005	0 6	2 [5	0	4		1,000.00		
Full Name of Contributor Registration Number, if PAC												
Street Address	Employer/0	Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)			
City	State	-	Zip Code	М	D	\neg	Y	,—	Amount			
	1					ļ	ı		Ì			
Full Name of Contributor				Registr	ation	Num	ber	, if P	'AC			
Anthony W. Eufinger	nger											
Street Address	Employer/0	Employer/Occupation/Labor Organization							Form (Cash, Che	eck, etc.)		
304 Hanford Street									check			
City	State		Zip Code	М	D	,	Y	,	Amount			
Columbus	0	H	43206	0 7	3	0	0	4		250.00		
Full Name of Contributor				Registr	ation i	Num	ber,	, if P	'AC			
Barbara J. Hykes												
Street Address	Employer/0	Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)			
1865 Torchwood Drive			I	,					check			
Gty C-1	State		Zip Code	M	D		Y		Amount	- 02 00		
Columbus Full Name of Contributor	0 1	<u>H</u>	43229	0 9						100.00		
Samuel C. Randazzo				Registra	ation (Num.	ber.	if P	'AC			
Street Address	Employer/C)c cu p	pation/Labor Organization	Ь			_	_	Form (Cash, Che	eck. etc.)		
21 E. State St., Suite 1700								- 1	check			
City	State		Zip Code	М	υ	Ŧ	Y	一	Amount	. <u>.</u>		
Columbus	013	H	43215	0 9	0	з1	01	4		100.00		
Full Name of Contributor			1	Registra	<u> </u>	_			AC			
Carol A. Wright				1								
Street Address	Employer/C	Employer/Occupation/Labor Organization						7	Form (Cash, Che	ck, etc.)		
318 Berger Alley								- 1	check			
City	State		Zip Code	М	D	Т	Ŷ	_	Amount			
Columbus	011	H	43206	0 9	01	3	0	4		150.00		
Full Name of Contributor			·	Registra	<u></u>		<u> </u>		AC			
Citizens for Sensenbrenner				1								
Street Address	Employer/C	Employer/Occupation/Labor Organization							Form (Cash, Che	eck, etc.)		
3363 Tremont Ro ad, Suite 104C								ı	check	·		
City	State		Zip Code	М	D	T	Y	T	Amount			
Columbus		H	43221	0 9	1	7	0	4		250.00		
* Pageired for contributions may \$100 to statewide and as		4-4-	ton 16 anatoliusaa in auli uum	-			÷	_				

If two or more employees contribute via payrol deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)