

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name of Contributor FRANKLIN COUNTY DEMOCRATIC PARTY JUDICIAL ACCOUNT						Registration Number, if PAC	
Street Address 271 EAST STATE STREET			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 2 6	Y 0 5	Amount 6,500.00	
Full Name of Contributor AVIS M. RANKIN						Registration Number, if PAC	
Street Address 2432 WYNCOURTNEY COURT			Employer/Occupation/Labor Organization CANDIDATE'S FAMILY MEMBER			Form (Cash, Check, etc.)	
City POWELL	State O H	Zip Code 43065	M 1 0	D 2 6	Y 0 5	Amount 30,000.00	
Full Name of Contributor ISAAC, BRANT, LEDLMAN & TETTOR						Registration Number, if PAC	
Street Address 250 EAST BROAD STREET			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 2 8	Y 0 5	Amount 250.00	
Full Name of Contributor JOSEPH E. SCOTT						Registration Number, if PAC	
Street Address 35 E. LIVINGSTON AVE.			Employer/Occupation/Labor Organization ATTORNEY			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 2 8	Y 0 5	Amount 325.00	
Full Name of Contributor EUGENE KAPPELER						Registration Number, if PAC	
Street Address 635 ROTHMOORE DR.			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City GALLOWAY	State O H	Zip Code 43119	M 1 0	D 2 8	Y 0 5	Amount 25.00	
Full Name of Contributor CHRISTINA L. CORL						Registration Number, if PAC	
Street Address 500 S. FRONT ST., SUITE 1200			Employer/Occupation/Labor Organization CRABBE, BROWN & JAMES			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 2 8	Y 0 5	Amount 500.00	
Full Name of Contributor EDWIN L. MALEK						Registration Number, if PAC	
Street Address 1227 S. HIGH STREET			Employer/Occupation/Labor Organization MALEK & MALEK			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 2 8	Y 0 5	Amount 130.00	
Full Name of Contributor HARLAN S. LOUIS						Registration Number, if PAC	
Street Address 10 W. BROAD ST., SUITE 2100			Employer/Occupation/Labor Organization BAILEY CAVALIERI			Form (Cash, Check, etc.)	
City COLUMBUS	State O H	Zip Code 43215	M 1 0	D 2 8	Y 0 5	Amount 150.00	

* Required for contributions 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 appear. R.C. 3517.10(B)(4)

Page Total \$ 37,880.00