

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN									
Full Name of Contributor FARLOW & ASSOCIATES LLC						Registration Number, if PAC			
Street Address 270 BRADENTON AVE., SUITE 100				Employer/Occupation/Labor Organization PRE-DISTRIBUTION FUNDS				Form (Cash, Check, etc.) CHECK	
City DUBLIN		State O H		Zip Code 43017		M 1 0		D 2 5	
						Y 0 4		Amount 100.00	
Full Name of Contributor THE COLUMBUS GROUP						Registration Number, if PAC			
Street Address 500 S. FRONT STREET, SUITE 1200				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 4		Amount 500.00	
Full Name of Contributor GEORGE SARAP						Registration Number, if PAC			
Street Address 51 NORTH HIGH STREET				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) MONEY ORDER	
City COLUMBUS		State O H		Zip Code 43215		M 1 0		D 2 9	
						Y 0 4		Amount 50.00	
Full Name of Contributor COLUMBUS SHEET METAL WORKERS PAC						Registration Number, if PAC OH1053			
Street Address 3035 LAMB AVENUE				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H		Zip Code 43219		M 1 1		D 0 1	
						Y 0 4		Amount 750.00	
Full Name of Contributor SUSAN B. GREENBERGER						Registration Number, if PAC			
Street Address 311 S. COLUMBIA AVENUE				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK	
City BEXLEY		State O H		Zip Code 43209		M 1 1		D 0 9	
						Y 0 4		Amount 50.00	
Full Name of Contributor DAN C. HEADAPHOHL						Registration Number, if PAC			
Street Address 1252 HOPE AVENUE				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H		Zip Code 43212		M 1 1		D 0 9	
						Y 0 4		Amount 15.00	
Full Name of Contributor FRANKLIN COUNTY DEMOCRATIC PARTY CAMPAIGN ACCT.						Registration Number, if PAC			
Street Address 271 E. STATE STREET				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK	
City COLUMBUS		State O H		Zip Code 43215		M 1 1		D 1 0	
						Y 0 4		Amount 642.33	
Full Name of Contributor TRANSFER FROM FORM 31-E: Event date: 10/12/04						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
						1 2		1 0	
						0 4		(500.00)	

* 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)