Page

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full			
CTIZENS FOR RANKIN			
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC		
SAIA & PIATT, PUL			
Street Address	Description of Item or Service M D		
713 S. FRONT STREET	INVITATIONS 0 9 2	1 0 5 46.50	
City	State Zip Code Received at I	Received at Fundraising Event?	
COLUMBUS	O H 43215 X/ES	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC		
SAIA & PIATT, PLL			
Street Address	Description of Item or Service M D Y Fair Market Value		
713 S. FRONT STREET		0 9 2 1 0 5 185.00 Received at Fundraising Event?	
COLUMBUS	State Zip Code Received at	-undraising Event?	
Full Name of Contributor		Number, if PAC	
SAIA & PIATT, PLL	They be the state of the state		
Street Address	Description of Item or Service M D	M D Y Fair Market Value	
713 S. FRONT STREET	FOOD, BEVERAGES 0 9 2	I L	
City	State Zip Code Received at I	Fundraising Event?	
COLUMBUS	O H 43215 Xres	10	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration	Number, if PAC	
OHIO DEMOCRATIC PARTY			
Street Address			
271 E. STATE STREET	POLITICAL CONSULTANT 0 9 2 8 0 5 2,000.00		
City		Fundraising Event?	
COLUMBUS	O II 43215 res	X VO	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC		
MARK DEMPSEY Street Address	Description of Item or Service M D Y Fair Market Value		
1305 WESTWOOD	Description of Item or Service		
City		undraising Event?	
COLUMBUS	O H 43212	NO	
Full Name of Contributor		Number, if PAC	
MEGAN DEMPSEY		nogistration /tat/201, it to to	
Street Address	Description of Item or Service M D	Y Fair Market Value	
1305 WESTWOOD	FOOD, BEVERAGES 0 8 3	1 0 5 55.00	
City	State Zip Code Received at I	undraising Event?	
COLUMBUS	O H 43212 \(\sum_{res}\)	Ю	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration	Registration Number, if PAC	
Character and design a			
Street Address	Description of Item or Service M D Y Fair Market Value		
City	State Zip Code Received at I		
	VES TEST	to the army events	
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration	Registration Number, if PAC	
Street Address	Description of Item or Service M D	cription of Item or Service M D Y Fair Market Value	
Street Address	Description of item of Service	Fair Market Value	
City	State Zip Code Received at F	undraising Event?	
	/ES	NO	

Page Total \$ 3,032.50

^{*} 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)]