

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN						
Full Name of Contributor KILROY FOR COMMISSIONER				Registration Number, if PAC		
Street Address 3886 N. HIGH STREET		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O   H	Zip Code 43214	M 1   0	D 3   1	Y 0   5	Amount 250.00
Full Name of Contributor FRIENDS OF SHERROD BROWN				Registration Number, if PAC		
Street Address 607 14TH ST., NW, SUITE 800		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City WASHINGTON	State D   C	Zip Code 20005	M 1   0	D 3   1	Y 0   5	Amount 100.00
Full Name of Contributor RICHARD D. GALLAGHER				Registration Number, if PAC		
Street Address 373 W. 6TH AVE.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O   H	Zip Code 43201	M 1   1	D 0   1	Y 0   5	Amount 500.00
Full Name of Contributor JOHN WILLIAM FERRON				Registration Number, if PAC		
Street Address 6262 DEESIDE DRIVE		Employer/Occupation/Labor Organization ATTORNEY			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O   H	Zip Code 43017	M 1   1	D 0   2	Y 0   5	Amount 250.00
Full Name of Contributor LABORERS INT'L UNION OF N.A. L-423 PAC FUND				Registration Number, if PAC LA912		
Street Address 620 ALUM CREEK DRIVE		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O   H	Zip Code 43205	M 1   1	D 0   2	Y 0   5	Amount 500.00
Full Name of Contributor RICHARD L. LEVINE				Registration Number, if PAC		
Street Address 2754 BRYDEN ROAD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O   H	Zip Code 43209	M 1   1	D 0   2	Y 0   5	Amount 100.00
Full Name of Contributor CURTIS F. GANTZ				Registration Number, if PAC		
Street Address 175 S. THIRD ST.		Employer/Occupation/Labor Organization LANE, ALTON & HORST			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O   H	Zip Code 43215	M 1   1	D 0   2	Y 0   5	Amount 400.00
Full Name of Contributor ANDREW L. KLEIN				Registration Number, if PAC		
Street Address 1090 SAY AVE.		Employer/Occupation/Labor Organization ATTORNEY			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O   H	Zip Code 43201	M 1   1	D 0   2	Y 0   5	Amount 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)