

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>CITIZENS FOR RANKIN</b>					
Full Name of Contributor <b>ESTHER L. BLICE</b>				Registration Number, if PAC	
Street Address <b>2001 SOUTH HEIGHTS AVE.</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   6   0   5</b>	Amount <b>25.00</b>
City <b>YOUNGSTOWN</b>	State <b>O   H</b>	Zip Code <b>44502</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>TOWNSEND W. QUINN</b>				Registration Number, if PAC	
Street Address <b>3941 TARRINGTON LANE</b>	Employer/Occupation/Labor Organization* <b>Casa Di Citta</b>			M   D   Y <b>0   6   0   5</b>	Amount <b>100.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43220</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>JAMES R. DUGAN</b>				Registration Number, if PAC	
Street Address <b>3950 DUGAN FARMS</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>			M   D   Y <b>0   6   2   3   0   5</b>	Amount <b>125.00</b>
City <b>PERRY</b>	State <b>O   H</b>	Zip Code <b>44081</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>I.B.E.W.-C.O.P.E.</b>				Registration Number, if PAC <b>C00027342</b>	
Street Address <b>1125 15TH STREET, N.W.</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   6   2   3   0   5</b>	Amount <b>500.00</b>
City <b>WASHINGTON</b>	State <b>D   C</b>	Zip Code <b>20005</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>BARBARA J. HYKES</b>				Registration Number, if PAC	
Street Address <b>1865 TORCHWOOD DRIVE</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   7   0   5   0   5</b>	Amount <b>50.00</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43229</b>		Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M   D   Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M   D   Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)	

\* Required for contributions from individuals 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**800.00**

Total expenditures this event

**0.00**

Page Total \$ **800.00**