

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor RICHARD WHALEY				Registration Number, if PAC	
Street Address 1831 ROXBURY ROAD	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2005
City COLUMBUS	State O H	Zip Code 43212	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor JOSEPH E. SCOTT				Registration Number, if PAC	
Street Address 35 E. LIVINGSTON AVENUE	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2005
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor HERBERT A. HEDDEN				Registration Number, if PAC	
Street Address 2280 BRIXTON ROAD	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2005
City COLUMBUS	State O H	Zip Code 43221	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor MARLENE LYNN				Registration Number, if PAC	
Street Address 7725 KELVINWAY DRIVE	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2005
City WORTHINGTON	State O H	Zip Code 43085	Form(Cash,Check,etc) CHECK		Amount 20.00
Full Name of Contributor JOHN EINSTEIN				Registration Number, if PAC	
Street Address 366 E. BROAD STREET	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2001
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CASH		Amount 25.00
Full Name of Contributor JEFF GRAESSLE				Registration Number, if PAC	
Street Address 280 E. BROAD ST.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2001
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CASH		Amount 25.00
Full Name of Contributor BRUCE A. ROTHERMUND				Registration Number, if PAC	
Street Address 50 NORTHWOODS BLVD.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2001
City WORTHINGTON	State O H	Zip Code 43235	Form(Cash,Check,etc) CHECK		Amount 25.00

* 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

1,925.00

Total expenditures this event

46.00

Page Total \$ 395.00