

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 BETH FEENEY			Registration Number, if PAC		
Street Address 3546 SMOKEY ROAD	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City HILLIARD	State O	Zip Code 43026	Amount 2.00		Form(Cash,Check,etc) CASH
Full Name of Contributor PAT GRAHAM			Registration Number, if PAC		
Street Address 715 LINDRIDGE DRIVE	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City GALLOWAY	State O	Zip Code 43119	Amount 10.00		Form(Cash,Check,etc) CASH
Full Name of Contributor AKHIM CABEY			Registration Number, if PAC		
Street Address BEST EFFORTS	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City 	State 	Zip Code 	Amount 5.00		Form(Cash,Check,etc) CASH
Full Name of Contributor JIM MENTEL			Registration Number, if PAC		
Street Address BEST EFFORTS	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City 	State 	Zip Code 	Amount 25.00		Form(Cash,Check,etc) CASH
Full Name of Contributor BRIAN B. BYRNE			Registration Number, if PAC		
Street Address 3487 ALFRED COURT	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City COLUMBUS	State O	Zip Code 43224	Amount 30.00		Form(Cash,Check,etc) CHECK
Full Name of Contributor EILEEN Y. PALEY			Registration Number, if PAC		
Street Address 668 BELLAMY PL.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City COLUMBUS	State O	Zip Code 43213	Amount 40.00		Form(Cash,Check,etc) CHECK
Full Name of Contributor TED BARROWS			Registration Number, if PAC		
Street Address 4834 SARASOTA DRIVE	Employer/Occupation/Labor Organization* FRANKLIN COUNTY MUNI		M 0	D 9	Y 0
City HILLIARD	State O	Zip Code 43026	Amount 200.00		Form(Cash,Check,etc) CHECK

* 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

Total expenditures this event

Page Total \$ 312.00