

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 Joseph M. McCandlish			Registration Number, if PAC	
Street Address 4866 Dameuly Dr.	Employer/Occupation/Labor Organization*		M D Y 1 0 8 0 4	Amount 200.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) check	
Full Name of Contributor Terrence R. Heffernan			Registration Number, if PAC	
Street Address 175 S. Third St., 9th Floor	Employer/Occupation/Labor Organization*		M D Y 1 0 8 0 4	Amount 200.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) check	
Full Name of Contributor Monette Cope			Registration Number, if PAC	
Street Address 2340 Northwest Blvd.	Employer/Occupation/Labor Organization*		M D Y 1 0 8 0 4	Amount 200.00
City Columbus	State O H	Zip Code 43221-3829	Form(Cash,Check,etc) check	
Full Name of Contributor Steven A. Santangelo			Registration Number, if PAC	
Street Address 5873 Rothesay Ct.	Employer/Occupation/Labor Organization*		M D Y 1 0 8 0 4	Amount 100.00
City Dublin	State O H	Zip Code 43017-9447	Form(Cash,Check,etc) check	
Full Name of Contributor Alexander Spater			Registration Number, if PAC	
Street Address 565 E. Town St.	Employer/Occupation/Labor Organization*		M D Y 1 0 8 0 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) check	
Full Name of Contributor Lane Alton & Horst LLC, pre distribution funds			Registration Number, if PAC	
Street Address 175 South Third Street	Employer/Occupation/Labor Organization*		M D Y 1 0 8 0 4	Amount 100.00
City Columbus	State O H	Zip Code 43215-5100	Form(Cash,Check,etc) check	
Full Name of Contributor Bailey Cavalieri LLC, pre distribution funds			Registration Number, if PAC	
Street Address 10 West Broad Street, suite 2100	Employer/Occupation/Labor Organization*		M D Y 1 0 8 0 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	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 \$ 1,000.00