

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Rankin					
Full Name of Contributor J. Anthony Logan				Registration Number, if PAC	
Street Address 4740 Hayden Run Road		Employer/Occupation/Labor Organization* BrooksWilburnLogan, Atty		M 1	D 0
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Dan Stewart for State Representative				Registration Number, if PAC	
Street Address 947 Goodale Blvd, Suite 201		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43212	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor S. Vanessa Wical Baker				Registration Number, if PAC	
Street Address 3163 Walden Ravines		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Donald B. Leach, Jr.				Registration Number, if PAC	
Street Address 191 W. Nationwide Blvd, Suite 300		Employer/Occupation/Labor Organization* Dinsmore & Shohl, Atty		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Buckingham Doolittle & Burroughs PAC				Registration Number, if PAC CP134	
Street Address 50 S. Main Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Akron		State OH	Zip Code 44308	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Bonnie Birath				Registration Number, if PAC	
Street Address 1157 Worthington Heights Blvd.		Employer/Occupation/Labor Organization* Huntington, Community Develop.		M 1	D 0
City Columbus		State OH	Zip Code 43235	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor United Association of Journeyman & Apprentices L189 PAC				Registration Number, if PAC LA1212	
Street Address 1250 Kinnear Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43212	Y 2	Amount \$250.00
Form (Cash, Check, etc.) Check					

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 625.00