

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 SHELDON R. SAFKO				Registration Number, if PAC	
Street Address 497 NORTHRIDGE ROAD	Employer/Occupation/Labor Organization*		M 0	D 7	Amount 10.00
City COLUMBUS	State O H	Zip Code 43214	Y 0	Form(Cash,Check,etc) CHECK	
Full Name of Contributor PATRICIA D. CONLEY				Registration Number, if PAC	
Street Address 495 S. HIGH STREET, SUITE 450	Employer/Occupation/Labor Organization* ROURKE & BLUMENTHAL		M 0	D 7	Amount 25.00
City COLUMBUS	State O H	Zip Code 43215	Y 0	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DANIEL J. MCCAULEY				Registration Number, if PAC	
Street Address 1911 LANGHAM ROAD	Employer/Occupation/Labor Organization*		M 0	D 7	Amount 30.00
City COLUMBUS	State O H	Zip Code 43221	Y 0	Form(Cash,Check,etc) CHECK	
Full Name of Contributor THOMAS M. KARL				Registration Number, if PAC	
Street Address 475 WESTBURY WOODS CT.	Employer/Occupation/Labor Organization*		M 0	D 7	Amount 25.00
City WESTERVILLE	State O H	Zip Code 43081	Y 0	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ROBERT HAVERKAMP				Registration Number, if PAC	
Street Address 1869 MARBLECLIFF CROSSING CT.	Employer/Occupation/Labor Organization* GALBREATH COMPANY		M 0	D 7	Amount 100.00
City COLUMBUS	State O H	Zip Code 43204	Y 0	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JOSHUA B. WOOD				Registration Number, if PAC	
Street Address 102 E. THIRD AVE.	Employer/Occupation/Labor Organization*		M 0	D 7	Amount 35.00
City COLUMBUS	State O H	Zip Code 43201	Y 0	Form(Cash,Check,etc) CHECK	
Full Name of Contributor CHAD M. MCCOURY				Registration Number, if PAC	
Street Address 1091 HARRISON AVENUE	Employer/Occupation/Labor Organization*		M 0	D 7	Amount 50.00
City COLUMBUS	State O H	Zip Code 43201	Y 0	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

2,170.00

Total expenditures this event

0.00

Page Total \$ 275.00