

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 Thomas L. Long				Registration Number, if PAC	
Street Address 2565 Leeds Road	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43221		Form(Cash,Check,etc) check	
Full Name of Contributor William W. Lamkin				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 200	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Bill R. Hedrick				Registration Number, if PAC	
Street Address 838 Thurber Drive West, Apt. 22	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Marilyn P. Brown				Registration Number, if PAC	
Street Address 78 W. Hubbard Ave.	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Otto Beatty III				Registration Number, if PAC	
Street Address 600 S. Grant Ave.	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) check	
Full Name of Contributor Ted Barrows				Registration Number, if PAC	
Street Address 4834 Sarasota Dr.	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 350.00
City Hilliard	State O H	Zip Code 43026		Form(Cash,Check,etc) check	
Full Name of Contributor Philip B. Kaufman				Registration Number, if PAC	
Street Address 341 S. Third St., Suite 300	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 150.00
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 \$ 1,150.00