

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

|                                                                                    |                                         |                          |                                              |               |                         |
|------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|----------------------------------------------|---------------|-------------------------|
| Name of Committee in Full<br><b>CITIZENS FOR RANKIN</b>                            |                                         |                          |                                              |               |                         |
| Full Name of Contributor<br><b>J. ANTHONY LOGAN</b>                                |                                         |                          | Registration Number, if PAC                  |               |                         |
| Street Address<br><b>41740 HAYDEN RUN RD.</b>                                      | Employer/Occupation/Labor Organization* |                          | M<br><b>1</b>                                | D<br><b>0</b> | Y<br><b>2</b>           |
| City<br><b>COLUMBUS</b>                                                            | State<br><b>O</b>                       | Zip Code<br><b>43221</b> | Form (Cash, Check, etc)<br><b>CHECK</b>      |               | Amount<br><b>50.00</b>  |
| Full Name of Contributor<br><b>DAN STEWART FOR STATE REPRESENTATIVE</b>            |                                         |                          | Registration Number, if PAC                  |               |                         |
| Street Address<br><b>917 GOODALE BLVD., SUITE 201</b>                              | Employer/Occupation/Labor Organization* |                          | M<br><b>1</b>                                | D<br><b>0</b> | Y<br><b>2</b>           |
| City<br><b>COLUMBUS</b>                                                            | State<br><b>O</b>                       | Zip Code<br><b>43212</b> | Form (Cash, Check, etc)<br><b>CHECK</b>      |               | Amount<br><b>50.00</b>  |
| Full Name of Contributor<br><b>S. VANESSA WICAL BAKER</b>                          |                                         |                          | Registration Number, if PAC                  |               |                         |
| Street Address<br><b>3163 WALDEN RAVINES</b>                                       | Employer/Occupation/Labor Organization* |                          | M<br><b>1</b>                                | D<br><b>0</b> | Y<br><b>2</b>           |
| City<br><b>COLUMBUS</b>                                                            | State<br><b>O</b>                       | Zip Code<br><b>43221</b> | Form (Cash, Check, etc)<br><b>CHECK</b>      |               | Amount<br><b>25.00</b>  |
| Full Name of Contributor<br><b>DONALD B. LEACH, JR.</b>                            |                                         |                          | Registration Number, if PAC                  |               |                         |
| Street Address<br><b>191 W. NATIONWIDE BLVD., STE 300</b>                          | Employer/Occupation/Labor Organization* |                          | M<br><b>1</b>                                | D<br><b>0</b> | Y<br><b>2</b>           |
| City<br><b>COLUMBUS</b>                                                            | State<br><b>O</b>                       | Zip Code<br><b>43215</b> | Form (Cash, Check, etc)<br><b>CHECK</b>      |               | Amount<br><b>100.00</b> |
| Full Name of Contributor<br><b>BUCKINGHAM DOOLITTLE &amp; BURROUGHS PAC</b>        |                                         |                          | Registration Number, if PAC<br><b>CP134</b>  |               |                         |
| Street Address<br><b>50 S. MAIN STREET</b>                                         | Employer/Occupation/Labor Organization* |                          | M<br><b>1</b>                                | D<br><b>0</b> | Y<br><b>2</b>           |
| City<br><b>AKRON</b>                                                               | State<br><b>O</b>                       | Zip Code<br><b>44308</b> | Form (Cash, Check, etc)<br><b>CHECK</b>      |               | Amount<br><b>100.00</b> |
| Full Name of Contributor<br><b>BONNIE BIRATH</b>                                   |                                         |                          | Registration Number, if PAC                  |               |                         |
| Street Address<br><b>1157 WORTHINGTON HTS. BLVD.</b>                               | Employer/Occupation/Labor Organization* |                          | M<br><b>1</b>                                | D<br><b>0</b> | Y<br><b>2</b>           |
| City<br><b>COLUMBUS</b>                                                            | State<br><b>O</b>                       | Zip Code<br><b>43235</b> | Form (Cash, Check, etc)<br><b>CHECK</b>      |               | Amount<br><b>50.00</b>  |
| Full Name of Contributor<br><b>UNITED ASSOC OF IRNYMN &amp; APPRNTCS L 189 PAC</b> |                                         |                          | Registration Number, if PAC<br><b>LA1212</b> |               |                         |
| Street Address<br><b>1250 KINNEAR ROAD</b>                                         | Employer/Occupation/Labor Organization* |                          | M<br><b>1</b>                                | D<br><b>0</b> | Y<br><b>2</b>           |
| City<br><b>COLUMBUS</b>                                                            | State<br><b>O</b>                       | Zip Code<br><b>43212</b> | Form (Cash, Check, etc)<br><b>CHECK</b>      |               | Amount<br><b>250.00</b> |

\* 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

3,000.00

Total expenditures this event

0.00

Page Total \$ 625.00