

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 J. ANTHONY LOGAN				Registration Number, if PAC	
Street Address 4L740 HAYDEN RUN RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O	Zip Code 43221	Form(Cash,Check,etc) CHECK		Amount 50.00
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	Y 5
City COLUMBUS	State O	Zip Code 43212	Form(Cash,Check,etc) CHECK		Amount 50.00
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	Y 5
City COLUMBUS	State O	Zip Code 43221	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor DONALD B. LEACH, JR.				Registration Number, if PAC	
Street Address 191 W. NATIONWIDE BLVD., STE 300	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 100.00
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	Y 5
City AKRON	State O	Zip Code 44308	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor BONNIE BIRATH				Registration Number, if PAC	
Street Address 1157 WORTHINGTON HTS. BLVD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O	Zip Code 43235	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor UNITED ASSOC OF IRNYMN & APPRNTCS L 189 PAC				Registration Number, if PAC LA1212	
Street Address 1250 KINNEAR ROAD	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O	Zip Code 43212	Form(Cash,Check,etc) CHECK		Amount 250.00

* 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