

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 Kim L. Swanson			Registration Number, if PAC	
Street Address 759 S. Sixth St.	Employer/Occupation/Labor Organization*		M D Y 1 0 8 0 4	Amount 250.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) check	
Full Name of Contributor Dr. Manuel Tzagournis			Registration Number, if PAC	
Street Address 4335 Sawmill Rd.	Employer/Occupation/Labor Organization*		M D Y 1 0 8 0 4	Amount 100.00
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) check	
Full Name of Contributor Richard V. Patchen			Registration Number, if PAC	
Street Address 589 Tucker Dr.	Employer/Occupation/Labor Organization*		M D Y 1 0 8 0 4	Amount 100.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) check	
Full Name of Contributor Franklin County Democratic Lawyers Club PAC			Registration Number, if PAC OH1164	
Street Address 1141 South High Street	Employer/Occupation/Labor Organization*		M D Y 1 0 8 0 4	Amount 400.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) check	
Full Name of Contributor Julia Dorian			Registration Number, if PAC	
Street Address 130 Northridge Rd.	Employer/Occupation/Labor Organization*		M D Y 1 0 8 0 4	Amount 75.00
City Columbus	State O H	Zip Code	Form(Cash,Check,etc) check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* 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
4,175.00

Total expenditures this event
0.00

Page Total \$ **925.00**