

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 BRICKER & ECKLER LLP STATE POLITICAL ACTION COMTE				Registration Number, if PAC 011821	
Street Address 100 S. THIRD ST.		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43215	Y 1 0 1 1 0 5	Amount 500.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor BRUCE W. DOOLEY				Registration Number, if PAC	
Street Address 252 W. 5TH AVE.		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43215	Y 1 0 1 1 0 5	Amount 75.00
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
City COLUMBUS		State O H	Zip Code 43215	Y 1 0 1 2 0 5	Amount 35.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor STEPHEN L. MCINTOSH				Registration Number, if PAC	
Street Address 799 NOB HILL DR. W		Employer/Occupation/Labor Organization*		M	D
City GAHANNA		State O H	Zip Code 43230	Y 1 0 1 2 0 5	Amount 35.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor JO E. KAISER				Registration Number, if PAC	
Street Address 2103 SCENIC DR.		Employer/Occupation/Labor Organization*		M	D
City LANCASTER		State O H	Zip Code 43130	Y 1 0 1 2 0 5	Amount 35.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor EILEEN Y. PALEY				Registration Number, if PAC	
Street Address 668 BELLAMY PL.		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43213	Y 1 0 1 2 0 5	Amount 50.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor RICHARD W. BURRY				Registration Number, if PAC	
Street Address 2242 TREMONT RD.		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43221	Y 1 0 1 2 0 5	Amount 50.00
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

1,805.00

Total expenditures this event

0.00

Page Total \$ 780.00