

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 DAN C. HEADAPOHL				Registration Number, if PAC	
Street Address 1252 HOPE AVE.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City COLUMBUS	State O H	Zip Code 43212	Form(Cash,Check,etc) CHECK		Amount 29.00
Full Name of Contributor KELLEY FINAN				Registration Number, if PAC	
Street Address 1032 PALMER ROAD	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City COLUMBUS	State O H	Zip Code 43212	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor FRIENDS OF MARY LOU				Registration Number, if PAC	
Street Address 209 S. FOURTH AVE., #315	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor RICHARD L. HAGGARD				Registration Number, if PAC	
Street Address 936 RIVER RIDGE, P. O. BOX 307275	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City GAHANNA	State O H	Zip Code 43230	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor JOHN A. GLEASON				Registration Number, if PAC	
Street Address 7405 TOTTENHAM PL.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City NEW ALBANY	State O H	Zip Code 43054	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor JODI MAGUE				Registration Number, if PAC	
Street Address 1260 E. CHOCTAW DR.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City LONDON	State O H	Zip Code 43140	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor VICKI E. LYDEN				Registration Number, if PAC	
Street Address 6995 OLD BRIDGE LANE WEST	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City DUBLIN	State O H	Zip Code 43016	Form(Cash,Check,etc) CHECK		Amount 25.00

* 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

Total expenditures this event

Page Total \$ 179.00