

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 RICHARD WHALEY			Registration Number, if PAC		
Street Address 1831 ROXBURY ROAD	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2005
City COLUMBUS	State OH	Zip Code 43212	Form (Cash, Check, etc) CHECK		Amount 100.00
Full Name of Contributor JOSEPH E. SCOTT			Registration Number, if PAC		
Street Address 35 E. LIVINGSTON AVENUE	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2005
City COLUMBUS	State OH	Zip Code 43215	Form (Cash, Check, etc) CHECK		Amount 100.00
Full Name of Contributor HERBERT A. HEDDEN			Registration Number, if PAC		
Street Address 2280 BRIXTON ROAD	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2005
City COLUMBUS	State OH	Zip Code 43221	Form (Cash, Check, etc) CHECK		Amount 100.00
Full Name of Contributor MARLENE LYNN			Registration Number, if PAC		
Street Address 7725 KELVINWAY DRIVE	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2005
City WORTHINGTON	State OH	Zip Code 43085	Form (Cash, Check, etc) CHECK		Amount 20.00
Full Name of Contributor JOHN EINSTEIN			Registration Number, if PAC		
Street Address 366 E. BROAD STREET	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2006
City COLUMBUS	State OH	Zip Code 43215	Form (Cash, Check, etc) CASH		Amount 25.00
Full Name of Contributor JEFF GRAESSLE			Registration Number, if PAC		
Street Address 280 E. BROAD ST.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2006
City COLUMBUS	State OH	Zip Code 43215	Form (Cash, Check, etc) CASH		Amount 25.00
Full Name of Contributor BRUCE A. ROTHERMUND			Registration Number, if PAC		
Street Address 50 NORTHWOODS BLVD.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 2006
City WORTHINGTON	State OH	Zip Code 43235	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

1,925.00

Total expenditures this event

46.00

Page Total \$ 395.00