

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 BETH FEENEY				Registration Number, if PAC			
Street Address 3546 SMOKEY ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	2.00
City HILLIARD		State O H	Zip Code 43026	Form(Cash,Check,etc) CASH			
Full Name of Contributor PAT GRAHAM				Registration Number, if PAC			
Street Address 715 LINDRIDGE DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	10.00
City GALLOWAY		State O H	Zip Code 43119	Form(Cash,Check,etc) CASH			
Full Name of Contributor AKHIM CABEY				Registration Number, if PAC			
Street Address BEST EFFORTS		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	5.00
City		State	Zip Code	Form(Cash,Check,etc) CASH			
Full Name of Contributor JIM MENDEL				Registration Number, if PAC			
Street Address BEST EFFORTS		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	25.00
City		State	Zip Code	Form(Cash,Check,etc) CASH			
Full Name of Contributor BRIAN B. BYRNE				Registration Number, if PAC			
Street Address 3487 ALFRED COURT		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	30.00
City COLUMBUS		State O H	Zip Code 43224	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	Y	Amount
				0	9	0	40.00
City COLUMBUS		State O H	Zip Code 43213	Form(Cash,Check,etc) CHECK			
Full Name of Contributor TED BARROWS				Registration Number, if PAC			
Street Address 4834 SARASOTA DRIVE		Employer/Occupation/Labor Organization* FRANKLIN COUNTY MUNI		M	D	Y	Amount
				0	9	0	200.00
City HILLIARD		State O H	Zip Code 43026	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

Total expenditures this event

Page Total \$ 312.00