

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 Sleiman Smaili | | | | Registration Number, if PAC | |
| Street Address 2257 Hedgerow Rd. Apt. C | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| Columbus | | O H 43220 | | 1 0 0 1 0 4 | 50.00 |
| Form(Cash,Check,etc) check | | | | | |
| Full Name of Contributor Bakht Quraish | | | | | |
| Street Address 2066 Lytham Rd. | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| Columbus | | O H 43220 | | 1 0 0 1 0 4 | 50.00 |
| Form(Cash,Check,etc) check | | | | | |
| Full Name of Contributor Emma Eileen Shihab | | | | | |
| Street Address 6618 Traquair Pl. | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| Dublin | | O H 43016 | | 1 0 0 1 0 4 | 100.00 |
| Form(Cash,Check,etc) check | | | | | |
| Full Name of Contributor United Realty Inc., LLC | | | | | |
| Street Address 2663 Northland Plaza | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| Columbus | | O H 43231 | | 0 9 0 8 0 4 | 100.00 |
| Form(Cash,Check,etc) check | | | | | |
| Full Name of Contributor | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | | State Zip Code | | Form(Cash,Check,etc) | |
| Full Name of Contributor | | | | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | | State Zip Code | | Form(Cash,Check,etc) | |
| Full Name of Contributor | | | | | |
| 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

1,070.00

Total expenditures this event

0.00

Page Total \$ **300.00**