

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 SHELDON R. SAIKO				Registration Number, if PAC	
Street Address 497 NORTHRIDGE ROAD		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43214	0 7	1 3
				0 5	Amount 10.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor PATRICIA D. CONLEY					
Street Address 495 S. HIGH STREET, SUITE 450				Employer/Occupation/Labor Organization*	
City COLUMBUS		State O H	Zip Code 43215	M	D
				0 7	1 3
				0 5	Amount 25.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor DANIEL J. MCCAULEY					
Street Address 1911 LANGHAM ROAD				Employer/Occupation/Labor Organization*	
City COLUMBUS		State O H	Zip Code 43221	M	D
				0 7	1 3
				0 5	Amount 30.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor THOMAS M. KARL					
Street Address 475 WESTBURY WOODS CT.				Employer/Occupation/Labor Organization*	
City WESTERVILLE		State O H	Zip Code 43081	M	D
				0 7	1 9
				0 5	Amount 25.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor ROBERT HAVERKAMP					
Street Address 1869 MARBLECLIFF CROSSING CT.				Employer/Occupation/Labor Organization*	
City COLUMBUS		State O H	Zip Code 43204	M	D
				0 7	1 9
				0 5	Amount 100.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor JOSHUA B. WOOD					
Street Address 102 E. THIRD AVE.				Employer/Occupation/Labor Organization*	
City COLUMBUS		State O H	Zip Code 43201	M	D
				0 7	1 9
				0 5	Amount 35.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor CHAD M. MCCOURY					
Street Address 1091 HARRISON AVENUE				Employer/Occupation/Labor Organization*	
City COLUMBUS		State O H	Zip Code 43201	M	D
				0 7	1 9
				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

2,170.00

Total expenditures this event

0.00

Page Total \$ 275.00