

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 James J. Roche				Registration Number, if PAC	
Street Address 1106 Welwyn	Employer/Occupation/Labor Organization*		M 0	D 5	Y 12
City Westerville	State O H	Zip Code 43081	Form(Cash,Check,etc) Check		Amount 30.00
Full Name of Contributor Harlan S. Louis				Registration Number, if PAC	
Street Address 9080 Firstgate Dr.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 12
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 30.00
Full Name of Contributor Tina M. Beck				Registration Number, if PAC	
Street Address 992 Windbourne St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 12
City Gahanna	State O H	Zip Code 43230	Form(Cash,Check,etc) Check		Amount 30.00
Full Name of Contributor Amelia Beck-Cody				Registration Number, if PAC	
Street Address 4502 Crooked Cedar Drive	Employer/Occupation/Labor Organization*		M 0	D 5	Y 12
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check		Amount 30.00
Full Name of Contributor Bailey Cavaleiri LLC, Predistribution Funds				Registration Number, if PAC	
Street Address 10 West Broad Street, Suite 2100	Employer/Occupation/Labor Organization*		M 0	D 5	Y 12
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		Amount

* 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(8)(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

420.00

Total expenditures this event

259.00

Page Total \$ 220.00