

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 JAMIE TYACK				Registration Number, if PAC			
Street Address 536 S. HIGH ST.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	7	75.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JOSEPH E. SCOTT				Registration Number, if PAC			
Street Address 35 E. LIVINGSTON AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	7	75.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor TERRENCE R. HEFFERNAN				Registration Number, if PAC			
Street Address 175 S. THIRD ST., 9TH FLOOR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	7	75.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JIM KOZELEK				Registration Number, if PAC			
Street Address 215 E. BEECHWOLD		Employer/Occupation/Labor Organization* CHILDRENS HOSPITAL		M	D	Y	Amount
				1	0	7	150.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor RICHARD DODSON, JR				Registration Number, if PAC			
Street Address 962 FRANKLIN AVE.		Employer/Occupation/Labor Organization* ALL PRO ALUM. CYLINDER		M	D	Y	Amount
				1	0	7	100.00
City COLUMBUS		State O H	Zip Code 43205	Form(Cash,Check,etc) CASH			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
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

Total expenditures this event

Page Total \$ 475.00