

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 M.N. Tarazi				Registration Number, if PAC			
Street Address 6687 E. Schreiner Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	100.00
City Worthington		State O H	Zip Code 43085	Form(Cash,Check,etc) check			
Full Name of Contributor Mostafa H. Mahmoud				Registration Number, if PAC			
Street Address 430 Thackery Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	100.00
City Worthington		State O H	Zip Code 43085	Form(Cash,Check,etc) check			
Full Name of Contributor Hasan R. Alkhayri				Registration Number, if PAC			
Street Address 10788 Brettridge Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	100.00
City Powell		State O H	Zip Code 43065	Form(Cash,Check,etc) check			
Full Name of Contributor Ahmad D. Al-Akhras				Registration Number, if PAC			
Street Address 1311 Le Anne Marie Circle		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	170.00
City Columbus		State O H	Zip Code 43235	Form(Cash,Check,etc) check			
Full Name of Contributor Samer M. Ahmadmusa				Registration Number, if PAC			
Street Address 684 Riverview Drive, Apt. 64		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	100.00
City Columbus		State O H	Zip Code 43202	Form(Cash,Check,etc) check			
Full Name of Contributor Abukar Osman				Registration Number, if PAC			
Street Address 6179 Lloret Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	100.00
City Columbus		State O H	Zip Code 43228	Form(Cash,Check,etc) check			
Full Name of Contributor Mahmoud Koumsse				Registration Number, if PAC			
Street Address 1106 Baumock Burn Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	0	100.00
City Columbus		State O H	Zip Code 43235	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 \$ 770.00