

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED  
08 JAN 31 PM 1:49  
FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>CITIZENS FOR RANKIN</b>							Registration Number, IF APPLICABLE		
Full Name of Candidate <b>MIKE R. RANKIN</b>									
Street Address <b>2432 WYNCOURTNEY COURT</b>					Office Sought <b>JUDGE, MUNICIPAL CO</b>			District <b>FRANKLIN C</b>	
City <b>POWELL</b>					State <b>O H</b>		Zip Code <b>43065</b>		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	July Monthly		August Monthly		September Monthly		Termination		<b>X</b> Semiannual <b>2007</b>
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election		M D Y <b>1 1 0 8 0 5</b>	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 1,771.31
2. Total monetary contributions (from Form No. 31-A)	\$ 0.00
3. Total other income (from Form No. 31-A-2)	\$ 0.48
4. Total funds available (sum of lines 1, 2, & 3)	\$ 1,771.79
5. Total monetary expenditures (from Form No. 31-B)	\$ 275.00
6. Balance on hand (line 4 minus line 5)	\$ 1,496.79
7. Value of in-kind contributions received (from Form No. 31-1-1)	\$ 0.00
8. Value of in-kind contributions made (from Form No. 31-1-2)	\$ 0.00
9. Outstanding loans owed by committee (from Form No. 31-C)	\$ 11,150.00
10. Outstanding debts owed by committee (from Form No. 31-N)	\$ 2,201.11
11. Outstanding loans owed to committee (from Form No. 31-E)	\$ 0.00
12. Value of independent expenditures made (from Form No. 31-B)	\$ 0.00
13. For electronic filing entries only: Sum of lines 2, 7 and amount of any new loans received this period.	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

**Ruth Rankin, Treasurer**

*Ruth Rankin*

**1-30-08**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution  
pages 0

Expenditure  
pages 1

Other  
pages 4

Total  
pages 5

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CITIZENS FOR RANKIN</b>						
Full Name <b>CHASE/BANK ONE</b>			Registration Number, if PAC			
Address <b>833 S. HIGH STREET</b>		Type* <b>I N</b>	M <b>0</b>	D <b>8</b>	Y <b>0607</b>	Amount <b>0.25</b>
City <b>COLUMBUS</b>		State <b>O H</b>	Zip Code <b>43206</b>		Form(Cash,Check,etc) <b>INTEREST</b>	
Full Name <b>CHASE/BANK ONE</b>			Registration Number, if PAC			
Address <b>833 S. HIGH STREET</b>		Type* <b>I N</b>	M <b>0</b>	D <b>9</b>	Y <b>0707</b>	Amount <b>0.23</b>
City <b>COLUMBUS</b>		State <b>O H</b>	Zip Code <b>43206</b>		Form(Cash,Check,etc) <b>INTEREST</b>	
Full Name			Registration Number, if PAC			
Address		Type*	M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)	
Full Name			Registration Number, if PAC			
Address		Type*	M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)	
Full Name			Registration Number, if PAC			
Address		Type*	M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)	
Full Name			Registration Number, if PAC			
Address		Type*	M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)	
Full Name			Registration Number, if PAC			
Address		Type*	M	D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)	

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CITIZENS FOR RANKIN</b>									
To Whom Paid <b>FRANKLIN COUNTY DEMOCRATIC PARTY</b>						M	D	Y	Amount
						0	7	0	75.00
Address <b>271 EAST STATE STREET</b>			Purpose <b>CONTRIBUTION</b>						
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	Check Number <b>240</b>					
To Whom Paid <b>FRIENDS OF GOVERNOR'S RESIDENCE</b>						M	D	Y	Amount
						1	2	0	100.00
Address <b>358 N. PARKVIEW AVE.</b>			Purpose <b>CONTRIBUTION</b>						
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43206</b>	Check Number <b>1001</b>					
To Whom Paid <b>MAS FOR JUDGE</b>						M	D	Y	Amount
						1	0	1	100.00
Address <b>439 COLONIAL AVE.</b>			Purpose <b>CONTRIBUTION</b>						
City <b>WORTHINGTON</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43085</b>	Check Number <b>1002</b>					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City		State	Zip Code	Check Number					

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>CITIZENS FOR RANKIN</b>												
From Whom Received <b>MIKE R. RANKIN</b>						Prior Amount <b>11,150.00</b>			Amt. Incurred this Period <b>0.00</b>			
Address <b>2432 WYNCOURTNEY COURT</b>									Outstanding Balance <b>11,150.00</b>			
City <b>POWELL</b>		State <b>OH</b>	Zip Code <b>43065</b>		Loans Received This Period			Payments This Period				
					Date			Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0		9	2	0	0	4						
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received						Prior Amount			Amt. Incurred this Period			
Address									Outstanding Balance			
City		State	Zip Code		Loans Received This Period			Payments This Period				
					Date			Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received						Prior Amount			Amt. Incurred this Period			
Address									Outstanding Balance			
City		State	Zip Code		Loans Received This Period			Payments This Period				
					Date			Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 11,150.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 11,150.00 (To Form No. 30-A)

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>CITIZENS FOR RANKIN</b>										
To Whom Owed <b>MIKE R. RANKIN</b>						Prior Amount <b>2,201.11</b>		Amt. Incurred this Period <b>0.00</b>		
Address <b>2432 WYNCOURTNEY COURT</b>						Item or Purpose for Debt <b>GNS, MAGNET</b>		Outstanding Balance <b>2,201.11</b>		
City <b>POWELL</b>				State <b>O   H</b>	Zip Code <b>43065</b>					
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
				0	6	1	6	0	4	
Registration Number, if PAC						M	D	Y		
						M	D	Y		
To Whom Owed						Prior Amount		Amt. Incurred this Period		
Address						Item or Purpose for Debt		Outstanding Balance		
City				State	Zip Code					
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
Registration Number, if PAC						M	D	Y		
						M	D	Y		
To Whom Owed						Prior Amount		Amt. Incurred this Period		
Address						Item or Purpose for Debt		Outstanding Balance		
City				State	Zip Code					
Date Debt was originally Incurred				M	D	Y	M	D	Y	\$
Registration Number, if PAC						M	D	Y		
						M	D	Y		

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 2,201.11 (also record on cover page)