

Ohio Campaign Finance Report

Prescribed by Secretary of State 02/01

FILED

05 JUN 10 PM 3:40

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee CITIZENS FOR RANKIN						Registration Number, if PAC					
Full Name of Candidate MIKE R. RANKIN											
Street Address 545 EAST TOWN STREET						Office Sought JUDGE, MUNICIPAL COU			District FRANKLIN CC		
City COLUMBUS						State O H		Zip Code 43215			
Type of Report (place X to the left of report type)	Pre-Primary		<input checked="" type="checkbox"/> Post-Primary		Pre-General		Post-General		Annual Year		
	July Monthly		August Monthly		September Monthly		Termination				
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	
						0	5	0	3	0	5

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	\$	5,246.03
2. Total monetary contributions (From Form No. 31-A)	\$	2,929.00
3. Total other income (From Form No. 31-A-2)	\$	2.71
4. Total funds available (sum of lines 1, 2, 3)	\$	8,177.74
5. Total monetary expenditures (From Form No. 31-B)	\$	3,210.94
6. Balance on hand (line 4 minus line 5)	\$	4,966.80
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	1,151.30
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	108,440.62
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	2,201.11
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities 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

Laura T. Riggs-Kolman, Treasurer

Laura T. Riggs-Kolman, Treasurer

06-10-05
Date

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Contribution pages <u>6</u>

Expenditure pages <u>2</u>

Other pages <u>5</u>

Total pages <u>13</u>

Statement of Contributions Received

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Name of Committee in Full CITIZENS FOR RANKIN						
Full Name of Contributor TRANSFER FROM FORM 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			0	4	05	1,050.00
Full Name of Contributor TRANSFER FROM FORM 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			0	6	01	1,879.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

* Required for contributions 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)

Statement of Other Income

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Name of Committee in Full				Registration Number, if PAC			
CITIZENS FOR RANKIN							
Full Name BANK ONE/CHASE				Registration Number, if PAC			
Address 833 NORTH HIGH STREET		Type* I N		M 0	D 5	Y 05	Amount 1.30
City COLUMBUS		State O H	Zip Code 43205	Form(Cash,Check,etc) INTEREST			
Full Name BANK ONE/CHASE				Registration Number, if PAC			
Address 833 NORTH HIGH STREET		Type* I N		M 0	D 5	Y 06	Amount 1.41
City COLUMBUS		State O H	Zip Code 43205	Form(Cash,Check,etc) INTEREST			
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

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Name of Committee in Full CITIZENS FOR RANKIN									
To Whom Paid TEAMSTERS LOCAL 413					M	D	Y	Amount	
					0	5	0	5	100.00
Address 555 EAST RICH STREET			Purpose CONTRIBUTION						
City COLUMBUS		State O H	Zip Code 43215	Check Number 174					
To Whom Paid THE MEDIA GROUP					M	D	Y	Amount	
					0	5	1	1	1,067.50
Address 611 LATHROP STREET			Purpose MEDIA PRODUCTION						
City COLUMBUS		State O H	Zip Code 43206	Check Number 177					
To Whom Paid TACTICAL EDGE					M	D	Y	Amount	
					0	5	2	6	2,000.00
Address 929 HARRISON AVENUE			Purpose CONSULTING FEE						
City COLUMBUS		State O H	Zip Code 43215	Check Number 178					
To Whom Paid TACTICAL EDGE					M	D	Y	Amount	
					0	5	2	6	43.44
Address 929 HARRISON AVENUE			Purpose REIMBURSE-EXPENSES						
City COLUMBUS		State O H	Zip Code 43215	Check Number 179					
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					