

FILED

Ohio Campaign Finance Report

05 APR 21 PM 3:42

Prescribed by Secretary of State 02/01

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 Municipal Court Judge			District Franklin Count	
City Columbus						State O H		Zip Code 43215		
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		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	\$	1,908.23
2. Total monetary contributions (From Form No. 31-A)	\$	5,195.28
3. Total other income (From Form No. 31-A-2)	\$	1,151.10
4. Total funds available (sum of lines 1, 2, 3)	\$	8,254.61
5. Total monetary expenditures (From Form No. 31-B)	\$	3,008.58
6. Balance on hand (line 4 minus line 5)	\$	5,246.03
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	713.80
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)	\$	94,150.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	2,201.11
11. Outstanding loans owed to committee (From Form No. 31-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

04-20-05

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution
pages 7

Expenditure
pages 4

Other
pages 9

Total
pages 20

Statement of Contributions Received

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Name of Committee in Full CITIZENS FOR RANKIN									
Full Name of Contributor Richard Borrer						Registration Number, if PAC			
Street Address 3036 Leeds Rd.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check		
City Columbus		State O H	Zip Code 43221		M 0 2	D 1 6	Y 0 5	Amount 50.00	
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 3	3 1	0 5	240.00	
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 4	0 5	0 5	4,905.28	
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

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN						Registration Number, if PAC				
Full Name Transfer from Form 31-C						Registration Number, if PAC				
Address		Type*		M	D	Y	Amount			
				0	4	1	3	0	5	1,150.00
City		State	Zip Code			Form(Cash,Check,etc)				
Full Name Bank One						Registration Number, if PAC				
Address 833 S. High Street						Registration Number, if PAC				
Address		Type*		M	D	Y	Amount			
		I	N	1	2	3	1	0	4	0.57
City Columbus		State O	H	Zip Code 43206			Form(Cash,Check,etc) interest			
Full Name Bank One						Registration Number, if PAC				
Address 833 S. High Street						Registration Number, if PAC				
Address		Type*		M	D	Y	Amount			
		I	N	0	1	0	6	0	5	0.31
City Columbus		State O	H	Zip Code 43206			Form(Cash,Check,etc) interest			
Full Name Bank One						Registration Number, if PAC				
Address 833 S. High Street						Registration Number, if PAC				
Address		Type*		M	D	Y	Amount			
		I	N	0	2	0	4	0	5	0.08
City Columbus		State O	H	Zip Code 43206			Form(Cash,Check,etc) interest			
Full Name Bank One						Registration Number, if PAC				
Address 833 S. High Street						Registration Number, if PAC				
Address		Type*		M	D	Y	Amount			
		I	N	0	3	0	4	0	5	0.05
City Columbus		State O	H	Zip Code 43206			Form(Cash,Check,etc) interest			
Full Name Bank One						Registration Number, if PAC				
Address 833 S. High Street						Registration Number, if PAC				
Address		Type*		M	D	Y	Amount			
		I	N	0	4	0	6	0	5	0.09
City Columbus		State O	H	Zip Code 43206			Form(Cash,Check,etc) interest			
Full Name						Registration Number, if PAC				
Address						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						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.