

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Citizens for Rankin</b>									
To Whom Paid <b>A.B.C. Communications</b>						M <b>0</b>	D <b>6</b>	Y <b>0</b>	Amount <b>292.25</b>
Address <b>5195 Hampstead Village Ctr. Way, PMB135</b>		Purpose <b>Postage, printing</b>							
City <b>New Albany</b>	State <b>O</b>	Zip Code <b>H 43054</b>	Check Number <b>107</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						
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						

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.