

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 NEIL W. ROSENBERG				Registration Number, if PAC	
Street Address 400 S. FIFTH ST., SUITE 102		Employer/Occupation/Labor Organization* ATTORNEY		M	D
City COLUMBUS		State O	Zip Code 43215	Y	Amount 100.00
				Form (Cash, Check, etc.) CHECK	
Full Name of Contributor VICKEY S. JEFFERSON				Registration Number, if PAC	
Street Address 7368 FAIRFIELD LAKES DRIVE		Employer/Occupation/Labor Organization*		M	D
City POWELL		State O	Zip Code 43065	Y	Amount 35.00
				Form (Cash, Check, etc.) CHECK	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	

* 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

135.00

Total expenditures this event

0.00

Page Total \$ 135.00