

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 SCOTT J. VARNER				Registration Number, if PAC	
Street Address 1002 HUNTER AVE.	Employer/Occupation/Labor Organization*		M	D	Y
City COLUMBUS	State O H	Zip Code 43201	0 9 2 7 0 5	Amount 50.00	
Form(Cash,Check,etc) CHECK					
Full Name of Contributor KAREN L. GUNDERMAN				Registration Number, if PAC	
Street Address 792 S. WASHINGTON AVE.	Employer/Occupation/Labor Organization*		M	D	Y
City COLUMBUS	State O H	Zip Code 43206	0 9 2 7 0 5	Amount 100.00	
Form(Cash,Check,etc) CHECK					
Full Name of Contributor LYNN A. GREER				Registration Number, if PAC	
Street Address 1200 CHAMBERS RD., SUITE 410	Employer/Occupation/Labor Organization*		M	D	Y
City COLUMBUS	State O H	Zip Code 43212	0 9 2 7 0 5	Amount 100.00	
Form(Cash,Check,etc) CHECK					
Full Name of Contributor DON DEATERIA				Registration Number, if PAC	
Street Address 901 BEECH ST.	Employer/Occupation/Labor Organization*		M	D	Y
City COLUMBUS	State O H	Zip Code 43206	0 9 2 7 0 5	Amount 20.00	
Form(Cash,Check,etc) CASH					
Full Name of Contributor ED LEONARD				Registration Number, if PAC	
Street Address 4025 BERRYBUSH DRIVE	Employer/Occupation/Labor Organization*		M	D	Y
City COLUMBUS	State O H	Zip Code 43230	0 9 2 7 0 5	Amount 20.00	
Form(Cash,Check,etc) CASH					
Full Name of Contributor JOHN SOWERS				Registration Number, if PAC	
Street Address 446 STANLEY	Employer/Occupation/Labor Organization*		M	D	Y
City COLUMBUS	State O H	Zip Code 43206	0 9 2 7 0 5	Amount 100.00	
Form(Cash,Check,etc) CASH					
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code			
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

Total expenditures this event

Page Total \$ 390.00