

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

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