31-E R.C. 3517.10(B)

08-17-05 i 6		

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 02/01			
Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor			Ta		
			Registration Nu	amber, if PAC	
MARILYN J. PERRIN	- I		M D		
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*		Y Amount	
141 WEBSTERR PARK AVE.			0 8 1 8	50.00	
City	State	Zip Code	Form(Cash,Che	eck,etc)	
COLUMBUS	O H	43214	CHEC	CK	
Full Name of Contributor			Registration Nu	ımber, if PAC	
Street Address	Employer/Occupation/Labor Organization*			Y Amount	
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City	State	Zip Code	Form(Cash,Che	ok oto)	
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Full Name of Contributor					
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	Employer/Occ	cupation/Labor Organization*	M D	Y Amount	
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alty.	State	Zip Code	Form(Cash,Che	ck,etc)	
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City	State	Zip Code	Form(Cash,Che	ck,etc)	
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treet Address	Employer/Occ	Employer/Occupation/Labor Organization*		Y Amount	
	', ', ', ', ', ', ', ', ', ', ', ', ',		MD	1	
ity	State	Zip Code	Form/Cook Char	1,	
	State	Zip Code	Form(Cash,Ched	ck,etc)	
Required for contributions from individuals over \$100 t	o statewide and general	assembly candidates. If contri	outor is self-emplo	yed, occupation rather than employe	
hould be listed. If two or more employees contribute via	payroll deduction and ex	ceed the aggregate of \$100,	the labor organiza	ation of which the employees are	
nembers, if any, must appear. [R.C. 3517.10(B)(4)]					
ill in the boxes below only on the last page for this even	t.				
ransfer the Total contributions for this event to form No		of Contributor state "Contrib	utions from form N	No. 31-E" and list the date of the eve	
the date column.		51210 007/110			
otal contributions this event	Total evnandituras	thic event			
The second control of	ontributions this event Total expenditures this event			Pers Total # 50.00	
				Page Total \$ 50.00	