

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 JAMES V. MANIACE				Registration Number, if PAC	
Street Address 155 W. MAIN ST., #605	Employer/Occupation/Labor Organization* CHESTER WILLCOX & Saxe		M 1	D 0	Y 2
City COLUMBUS	State O H	Zip Code 43215	Amount 100.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MICHAEL T. GUNNER				Registration Number, if PAC	
Street Address 3535 FISHINGER ROAD, #220	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City COLUMBUS	State O H	Zip Code 43215	Amount 50.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JANET GRUBB				Registration Number, if PAC	
Street Address 4062 GEORGESVILLE RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City GROVE CITY	State O H	Zip Code 43123	Amount 50.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JAMES B. FEIBEL				Registration Number, if PAC	
Street Address 88 E. BROAD ST., SUITE 900	Employer/Occupation/Labor Organization* ATTORNEY		M 1	D 0	Y 2
City COLUMBUS	State O H	Zip Code 43215	Amount 100.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor PAMELA E. HYKES O'GRADY				Registration Number, if PAC	
Street Address 3682 RIDGEWOOD DRIVE	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City HILLIARD	State O H	Zip Code 43026	Amount 100.00	Form(Cash,Check,etc) CHECK	
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)		Amount
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)		Amount

* 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

400.00

Total expenditures this event

0.00

Page Total \$ 400.00