

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 Baker & Hostetler LLP PAC				Registration Number, if PAC OH125	
Street Address 3200 National City Center	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Cleveland	State O	Zip Code 44114	Amount 500.00		Form(Cash,Check,etc) check
Full Name of Contributor D. Lee Johnson				Registration Number, if PAC	
Street Address 3335 Meijer Drive, Suite 200	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Toledo	State O	Zip Code 43617	Amount 250.00		Form(Cash,Check,etc) check
Full Name of Contributor Bernard M. Floetker				Registration Number, if PAC	
Street Address 1295 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Columbus	State O	Zip Code 43206	Amount 50.00		Form(Cash,Check,etc) check
Full Name of Contributor Barry H. Wolinetz				Registration Number, if PAC	
Street Address 2785 Powell	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Bexley	State O	Zip Code 43209	Amount 250.00		Form(Cash,Check,etc) check
Full Name of Contributor Frank L. Demos				Registration Number, if PAC	
Street Address 7370 Sawmill Road	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43235	Amount 250.00		Form(Cash,Check,etc) check
Full Name of Contributor Bricker & Eckler LLP State Political Action Committee				Registration Number, if PAC OH821	
Street Address 100 S. Third Street	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Amount 250.00		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	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

Total expenditures this event

Page Total \$ 1,550.00