

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN									
To Whom Paid BROWNSTONE ON MAIN						M	D	Y	Amount
						1	1	0	500.00
Address 122 E. MAIN STREET				Purpose FOOD, BEVERAGES					
City COLUMBUS				State O	H	Zip Code 43215	Check Number 164		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State		Zip Code	Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State		Zip Code	Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State		Zip Code	Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State		Zip Code	Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State		Zip Code	Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State		Zip Code	Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State		Zip Code	Check Number		
To Whom Paid						M	D	Y	Amount

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.