	1
Page _	<u>5</u> _

Statement of Contributions Received

Prescribed by Secretary of State 2/01

CITIZENS FOR RANKIN Full Name of Contributor TRANSFER FROM FORM 31-E Street Address			Is				
TRANSFER FROM FORM 31-E			In .				
			Kegistr	ation Nu	mber, if	PAC	
Street Address					·		
	Employer/Oc	cupation/Labor Organization				Form (Cash	n, Check, etc.)
Dity	State	Zip Code	M	D	Y	Amount	
ull Name of Contributor			0 8		0 5	<u> </u>	1,966.00
TRANSFER FROM FORM 31-E			Registr	ation Nu	mber, if I	PAC	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization				Corne (Cook	Charle at a
	Employer/ Oct	cupation/ Labor Organization				Form (Cast	n, Check, etc.)
City	State	Zip Code	М	D	ΙΥ	Amount	
		• • • • • • • • • • • • • • • • • • • •	0 9	ı	0 5	,	2,200.00
ull Name of Contributor					nber, if I	PAC	
TRANSFER FROM FORM 31-E					,		
treet Address	Employer/Occ	cupation/Labor Organization	<u> </u>	-		Form (Cash	, Check, etc.)
						,	
ity	State	Zip Code	M	D	Υ	Amount	
			0 9	1 7	0 5		580.00
ull Name of Contributor			Registra		nber, if F	AC	
TRANSFER FROM FORM 31-E			1				
treet Address	Employer/Occ	upation/Labor Organization		,		Form (Cash	, Check, etc.)
ity	State	Zip Code	М	D	Υ	Amount	
			019	2 1	1		2,250.00
ull Name of Contributor					nber, if P	AC	
TRANSFER FROM FORM 31-E							
treet Address	Employer/Occ	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
ity	State	Zip Code	М	D	Υ	Amount	
				1 1		Anount	1,805.00
ull Name of Contributor					nber, if P	AC	1,003.00
TRANSFER FROM FORM 31-E			0,111		,		
treet Address	Employer/Occ	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
ty	State	Zip Code	M	D	Y	Amount	
				2 5	0 5	Amount	400.00
Ill Name of Contributor					ber, if P	AC	400.00
			"		,		
reet Address	Employer/Occ	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
ty							
iy	State	Zip Code	M	D	Y	Amount	
Ill Name of Contributor		<u> </u>					
			Registra	tion Num	iber, if P	AC	
reet Address	Employer/Occi	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
ty	State	Zip Code	М	D	Y	Amount	
		1		ĭ		anount	
Required for contributions over \$100 to statewide and ger	neral assembly candida	tes If contributor is salf amo	land in				-b-dat P.

appear. R.C. 3517.10(B)(4)

Page Total \$ 9,201.00