

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 PAUL J. UNGER				Registration Number, if PAC	
Street Address 4800 CANTERWOOD CT.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City HILLIARD	State O H	Zip Code 43026	Form(Cash,Check,etc) CHECK		Amount 150.00
Full Name of Contributor SCOTT E. SMITH				Registration Number, if PAC	
Street Address 6660 N. HIGH STREET	Employer/Occupation/Labor Organization* SMITH PHILLIPS & ASSOC		M 1	D 0	Y 5
City WORTHINGTON	State O H	Zip Code 43085	Form(Cash,Check,etc) CHECK		Amount 150.00
Full Name of Contributor MARTY ANDERSON				Registration Number, if PAC	
Street Address 3409 RIVERSEINE ST.	Employer/Occupation/Labor Organization* SEWEALD SEWALD & CLO		M 1	D 0	Y 5
City COLUMBUS	State O H	Zip Code 43221	Form(Cash,Check,etc) CHECK		Amount 200.00
Full Name of Contributor OH & VIC REG CNCL OF CARPETERS POL OFF PAC				Registration Number, if PAC LA358	
Street Address 222 E. TOWN ST.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 300.00
Full Name of Contributor TEAMSTERS LOCAL UNION 413 DRIVE FUND				Registration Number, if PAC	
Street Address 555 E. RICH ST.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 300.00
Full Name of Contributor TIMOTHY G. SERROTT				Registration Number, if PAC	
Street Address 8695 OLENTANGY RIVER ROAD	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City DELAWARE	State O H	Zip Code 43015	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor RAYMOND LAVOIE				Registration Number, if PAC	
Street Address 826 SUMMIT ST.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 75.00

* 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 \$ 1,225.00