

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 MARLENE A. WIRTH				Registration Number, if PAC	
Street Address 1029 NORTHFIELD PLACE N.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 05
City REYNOLDSBURG	State OH	Zip Code 43068	Amount 25.00		
Form(Cash,Check,etc) CHECK					
Full Name of Contributor				Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*	
City				Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*	
City				Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
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Full Name of Contributor				Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*	
City				Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*	
City				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

25.00

Total expenditures this event

0.00

Page Total \$ 25.00