

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>CITIZENS FOR RANKIN</b>					
Full Name of Contributor <b>Ed Leonard</b>				Registration Number, if PAC	
Street Address <b>373 S. High Street</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   3   1   0   5</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>cash</b>	
Full Name of Contributor <b>Eileen Paley</b>				Registration Number, if PAC	
Street Address <b>373 S. High Street</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   3   1   0   5</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>cash</b>	
Full Name of Contributor <b>Marilyn Brown</b>				Registration Number, if PAC	
Street Address <b>34 W. Poplar</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   3   1   0   5</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>William Anthony</b>				Registration Number, if PAC	
Street Address <b>271 E. State St.</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   3   1   0   5</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>William P. DeMora</b>				Registration Number, if PAC	
Street Address <b>100 Warren Street</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   3   1   0   5</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Laura J. Stehle</b>				Registration Number, if PAC	
Street Address <b>2573 Quarry Lake Dr.</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   3   1   0   5</b>	Amount <b>25.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Michael S. Kolman</b>				Registration Number, if PAC	
Street Address <b>6287 Char-Mar Drive</b>	Employer/Occupation/Labor Organization*			M   D   Y <b>0   3   1   0   5</b>	Amount <b>25.00</b>
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43082</b>		Form(Cash,Check,etc) <b>check</b>	

\* 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

**\$500.00**

Total expenditures this event

**260.00**

Page Total \$ **250.00**