

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 Plank's					M 0	D 3	Y 1	Amount 260.00
Address 743 Parsons Avenue		Purpose Food and beverages						
City Columbus		State O H	Zip Code 43215	Check Number 173				
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				

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.