

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 STEVEN LARSON				Registration Number, if PAC	
Street Address 518 N. PARK STREET		Employer/Occupation/Labor Organization* ATTORNEY		M	D
City COLUMBUS		State O H	Zip Code 43215	Y	Amount 100.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor JEFFREY J. SMITH				Registration Number, if PAC	
Street Address 773 DENNISON AVENUE		Employer/Occupation/Labor Organization* ATTORNEY		M	D
City COLUMBUS		State O H	Zip Code 43215	Y	Amount 50.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor STEPHEN L. MCINTOSH				Registration Number, if PAC	
Street Address 799 NOB HILL DRIVE		Employer/Occupation/Labor Organization* ATTORNEY		M	D
City GAHANNA		State O H	Zip Code 43230	Y	Amount 100.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor STEVEN M. SHALLABARGER				Registration Number, if PAC	
Street Address 948 NEIL AVENUE		Employer/Occupation/Labor Organization* REAL ESTATE DEVELOPER		M	D
City COLUMBUS		State O H	Zip Code 43201	Y	Amount 300.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor MICHAEL G. COUNCIL				Registration Number, if PAC	
Street Address 130 BUTTLES AVENUE		Employer/Occupation/Labor Organization* REAL ESTATE		M	D
City COLUMBUS		State O H	Zip Code 43215	Y	Amount 300.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor CHARLES B. SHAW				Registration Number, if PAC	
Street Address 1447 CINCINNATI ZANEVILLE RD		Employer/Occupation/Labor Organization*		M	D
City LANCASTER		State O H	Zip Code 43130	Y	Amount 30.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor EARL DUKE FROST				Registration Number, if PAC	
Street Address 131 E. N. BROADWAY ST.		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43214	Y	Amount 25.00
				Form(Cash,Check,etc) CHECK	

* 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 \$ **905.00**