

## 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>JAMES R. GILMORE</b>			Registration Number, if PAC		
Street Address <b>1089 ESTHER DRIVE</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>1</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43207</b>	Amount <b>25.00</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>DWIGHT E. GARNER</b>			Registration Number, if PAC		
Street Address <b>895 BEECH ST.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>1</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43206</b>	Amount <b>25.00</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>DAVID A. RINGER</b>			Registration Number, if PAC		
Street Address <b>417 W. 6TH AVENUE</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>1</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43201</b>	Amount <b>25.00</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>THOMAS C. LONN</b>			Registration Number, if PAC		
Street Address <b>833 EASTWIND DR.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>1</b>
City <b>WESTERVILLE</b>	State <b>O</b>	Zip Code <b>43081</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>NANCY K. WONNELL</b>			Registration Number, if PAC		
Street Address <b>330 S. HIGH STREET</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>1</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43215</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>M. SHAWN DINGUS</b>			Registration Number, if PAC		
Street Address <b>1141 S. HIGH STREET</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>1</b>
City <b>COLUMBUS</b>	State <b>O</b>	Zip Code <b>43206</b>	Amount <b>75.00</b>	Form(Cash,Check,etc) <b>CHECK</b>	
Full Name of Contributor <b>PATRICK FLEMING</b>			Registration Number, if PAC		
Street Address <b>2128 POPLAR STREET</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>	Y <b>1</b>
City <b>OBETZ</b>	State <b>O</b>	Zip Code <b>43207</b>	Amount <b>40.00</b>	Form(Cash,Check,etc) <b>CASH</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

Total expenditures this event

Page Total \$ 290.00