

## 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 ANNE E. DOYLE				Registration Number, if PAC	
Street Address 6472 TONBRIDGE STREET		Employer/Occupation/Labor Organization* BANCINSURANCE CORP.		M 0 9	D 0 9
City WORTHINGTON		State O   H	Zip Code 43085	Y 0 5	Amount 50.00
Form(Cash,Check,etc) CHECK					
Full Name of Contributor BALAJ MODUR					
Street Address 500 STONERIDGE COURT				Registration Number, if PAC	
City VALPARAISO		State I   N	Zip Code 46385	M 0 9	D 0 9
Employer/Occupation/Labor Organization*		Y 0 5	Amount 75.00		
Form(Cash,Check,etc) CHECK					
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		State	Zip Code	M	D
Employer/Occupation/Labor Organization*		Y	Amount		
Form(Cash,Check,etc)					
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		State	Zip Code	M	D
Employer/Occupation/Labor Organization*		Y	Amount		
Form(Cash,Check,etc)					
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		State	Zip Code	M	D
Employer/Occupation/Labor Organization*		Y	Amount		
Form(Cash,Check,etc)					
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		State	Zip Code	M	D
Employer/Occupation/Labor Organization*		Y	Amount		
Form(Cash,Check,etc)					
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		State	Zip Code	M	D
Employer/Occupation/Labor Organization*		Y	Amount		
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

Total expenditures this event

Page Total \$ 125.00

Page Total \$ 125.00