

## 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>I.B.E.W.-C.O.P.E.</b>			Registration Number, if PAC <b>C00027342</b>		
Street Address <b>900 SEVENTH STREET, NW</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>05</b>
City <b>WASHINGTON</b>	State <b>D   C</b>	Zip Code <b>20001</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>500.00</b>
Full Name of Contributor <b>IRA B. SULLY</b>			Registration Number, if PAC		
Street Address <b>844 S. FRONT ST.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>05</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>50.00</b>
Full Name of Contributor <b>RONALD J. HAGAN</b>			Registration Number, if PAC		
Street Address <b>693 CITY PARK AV.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>05</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>50.00</b>
Full Name of Contributor <b>EDWIN LEE KIRBY</b>			Registration Number, if PAC		
Street Address <b>4393 COLERAIN AVENUE</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>05</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43214</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>50.00</b>
Full Name of Contributor <b>RICHARD WHALEY</b>			Registration Number, if PAC		
Street Address <b>1831 ROXBURY ROAD</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>05</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>50.00</b>
Full Name of Contributor <b>DAVID F. PRITCHARD</b>			Registration Number, if PAC		
Street Address <b>1351 W. FIRST AVE.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>05</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>50.00</b>
Full Name of Contributor <b>DIANE VANDERVOORT</b>			Registration Number, if PAC		
Street Address <b>1905 LYTHAM ROAD</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>05</b>
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43220</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>30.00</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 \$ 780.00