

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 Bricker&Eckler LLP, State Political Action Committee				Registration Number, if PAC OH 821	
Street Address 100 S. Third Street		Employer/Occupation/Labor Organization*		M D Y 0 5 2 5 0 4	Amount 250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor John Royer				Registration Number, if PAC	
Street Address 145 N. High Street		Employer/Occupation/Labor Organization*		M D Y 0 6 1 8 0 4	Amount 100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) check	
Full Name of Contributor Tammy Stahl-Garber				Registration Number, if PAC	
Street Address 2055F Dornbin Dr.		Employer/Occupation/Labor Organization*		M D Y 0 6 0 2 0 4	Amount 150.00
City Reynoldsburg		State O H	Zip Code 43068	Form(Cash,Check,etc) Check	
Full Name of Contributor Arthur E. Lee				Registration Number, if PAC	
Street Address 189 N. Nelson Rd.		Employer/Occupation/Labor Organization*		M D Y 0 6 0 3 0 4	Amount 100.00
City Columbus		State O H	Zip Code 43219	Form(Cash,Check,etc) Check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	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

600.00

Total expenditures this event

292.25

Page Total \$ **600.00**