

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 CHARLES SHAW			Registration Number, if PAC				
Street Address 1447 CINCINNATI ZANESVILLE ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	9
				0	5		25.00
City LANCASTER		State O H	Zip Code 43130		Form(Cash,Check,etc) CASH		
Full Name of Contributor LINDA MERCADANTE			Registration Number, if PAC				
Street Address 439 COLONIAL AVENUE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	9
				0	5		50.00
City WORTHINGTON		State O H	Zip Code 43085		Form(Cash,Check,etc) CASH		
Full Name of Contributor JENNIFER GILL SAUDER			Registration Number, if PAC				
Street Address 8207 MANITOU		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	9
				0	5		100.00
City WESTERVILLE		State O H	Zip Code 43082		Form(Cash,Check,etc) CASH		
Full Name of Contributor MARY ANN POTTER			Registration Number, if PAC				
Street Address 868 LYNBROOK ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	9
				0	5		50.00
City COLUMBUS		State O H	Zip Code 43235		Form(Cash,Check,etc) CHECK		
Full Name of Contributor RUSSELL GOODWIN			Registration Number, if PAC				
Street Address 103 E. FIRST AVENUE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	9
				0	5		50.00
City COLUMBUS		State O H	Zip Code 43201		Form(Cash,Check,etc) CHECK		
Full Name of Contributor STEVE O. CAMPBELL			Registration Number, if PAC				
Street Address 250 E. STEWART AVENUE, APT. D		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	9
				0	5		25.00
City COLUMBUS		State O H	Zip Code 43206		Form(Cash,Check,etc) CHECK		
Full Name of Contributor FRED HOLDRIDGE			Registration Number, if PAC				
Street Address 763 S. THIRD STREET		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	9
				0	5		25.00
City COLUMBUS		State O H	Zip Code 43206		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 \$ 325.00