

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