

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 STEVE LARSON				Registration Number, if PAC	
Street Address 518 N. PARK STREET	Employer/Occupation/Labor Organization*		M	D	Y
			0	9	1
City COLUMBUS	State O	Zip Code 43215	5	0	5
			Amount 50.00		
Form(Cash,Check,etc) MONEY ORDER					
Full Name of Contributor CAROL A. WRIGHT					
Street Address 318 BERGER ALLEY				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	9	1	5
City COLUMBUS	State O	Zip Code 43205	5	0	5
			Amount 50.00		
Form(Cash,Check,etc) CHECK					
Full Name of Contributor HARRY R. REINHART					
Street Address 400 S. FIFTH ST., SUITE 202				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	9	1	5
City COLUMBUS	State O	Zip Code 43215	5	0	5
			Amount 50.00		
Form(Cash,Check,etc) CHECK					
Full Name of Contributor SI SOKOL					
Street Address 2346 FISHINGER ROAD				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
		0	9	1	5
City COLUMBUS	State O	Zip Code 43220	5	0	5
			Amount 50.00		
Form(Cash,Check,etc) CASH					
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor					
Street Address				Registration Number, if PAC	
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

Total expenditures this event

Page Total \$ 200.00