

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 RICHARD D. TOPPER				Registration Number, if PAC	
Street Address 1500 W. THIRD AVE., SUITE 400		Employer/Occupation/Labor Organization* ATTORNEY		M	D
City COLUMBUS		State O H	Zip Code 43215	Y 1 0 2 6 0 5	Amount 150.00
Form(Cash, Check, etc) CHECK					
Full Name of Contributor COLUMBUS FRANKLIN COUNTY AFL CIO PCE				Registration Number, if PAC	
Street Address 1515 ALUM CREEK DR. 2ND FLR		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43209	Y 1 0 2 6 0 5	Amount 200.00
Form(Cash, Check, etc) CHECK					
Full Name of Contributor JEFF PORTMAN				Registration Number, if PAC	
Street Address 471 E. BROAD ST., SUITE 1820		Employer/Occupation/Labor Organization* PORTMAN FOLEY & FLINT		M	D
City COLUMBUS		State O H	Zip Code 43215	Y 1 0 2 8 0 5	Amount 100.00
Form(Cash, Check, etc) CHECK					
Full Name of Contributor JOHN P. GILLIGAN				Registration Number, if PAC	
Street Address 250 WEST STREET		Employer/Occupation/Labor Organization* SCHOTTENSTEIN ZOZ DUN		M	D
City COLUMBUS		State O H	Zip Code 43215	Y 1 0 2 8 0 5	Amount 125.00
Form(Cash, Check, etc) CHECK					
Full Name of Contributor JOHN C. McDONALD				Registration Number, if PAC	
Street Address 250 WEST STREET		Employer/Occupation/Labor Organization* SCHOTTENSTEIN ZOZ DUN		M	D
City COLUMBUS		State O H	Zip Code 43215	Y 1 0 2 8 0 5	Amount 125.00
Form(Cash, Check, etc) CHECK					
Full Name of Contributor JEFFREY D. PORTER				Registration Number, if PAC	
Street Address 329 S RICHARDSON AVE.		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43204	Y 1 0 2 8 0 5	Amount 100.00
Form(Cash, Check, etc) CHECK					
Full Name of Contributor COLS SHEET METAL WRKRS COMTE ON POL EDUCA				Registration Number, if PAC OHI053	
Street Address 3035 LAMB AVE.		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43219	Y 1 0 2 8 0 5	Amount 350.00
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 \$ 1,150.00