

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN							
To Whom Paid Plank's				M 0	D 3	Y 3	Amount 260.00
Address 743 Parsons Avenue		Purpose Food and beverages					
City Columbus		State O H	Zip Code 43215	Check Number 173			
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City		State 	Zip Code	Check Number			
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City		State 	Zip Code	Check Number			
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City		State 	Zip Code	Check Number			
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City		State 	Zip Code	Check Number			
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City		State 	Zip Code	Check Number			
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City		State 	Zip Code	Check Number			
To Whom Paid				M 	D 	Y 	Amount
Address		Purpose					
City		State 	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 260.00