

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name of Contributor TRANSFER FROM FORM 31-E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			0	4	0	5	1,050.00
Full Name of Contributor TRANSFER FROM FORM 31-E						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			0	6	0	1	1,879.00
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

* Required for contributions 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)

Page Total \$ 2,929.00