

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 MARK A. SERROTT			Registration Number, if PAC	
Street Address 789 NORTHWEST BLVD., A	Employer/Occupation/Labor Organization*		M D Y 0 6 0 1 0 5	Amount 100.00
City COLUMBUS	State O H	Zip Code 43212	Form(Cash,Check,etc) CHECK	
Full Name of Contributor E. REILLEY FORMAN			Registration Number, if PAC	
Street Address 481 WHITNEY AVENUE	Employer/Occupation/Labor Organization*		M D Y 0 6 0 1 0 5	Amount 50.00
City WORTHINGTON	State O H	Zip Code 43085	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ALLEN J. REIS			Registration Number, if PAC	
Street Address 3250 KNOLL DRIVE	Employer/Occupation/Labor Organization*		M D Y 0 6 0 1 0 5	Amount 100.00
City GAHANNA	State O H	Zip Code 43230	Form(Cash,Check,etc) CHECK	
Full Name of Contributor ALEXANDER SPATER			Registration Number, if PAC	
Street Address 565 E. TOWN STREET	Employer/Occupation/Labor Organization*		M D Y 0 6 0 1 0 5	Amount 50.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor LARRY EZELL			Registration Number, if PAC	
Street Address 500 S. FRONT ST., SUITE 102	Employer/Occupation/Labor Organization*		M D Y 0 6 0 1 0 5	Amount 50.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor PHILIP B. KAUFMAN			Registration Number, if PAC	
Street Address 341 S. THIRD STREET, SUITE 300	Employer/Occupation/Labor Organization*		M D Y 0 6 0 1 0 5	Amount 50.00
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor CAROL A. WRIGHT			Registration Number, if PAC	
Street Address 318 BERGER ALLEY	Employer/Occupation/Labor Organization*		M D Y 0 6 0 1 0 5	Amount 25.00
City COLUMBUS	State O H	Zip Code 43206	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 \$ **425.00**