

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 GEORGE ISAAC				Registration Number, if PAC	
Street Address 715 E. PERRY STREET		Employer/Occupation/Labor Organization* ISAAC CORP.		M 0	D 9
City BRYAN		State O	Zip Code 43306	Y 2	Amount 100.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor VORYS SATER SEYMOUR AND PEASE ADV. FOR EFF. PUB ADM					
Street Address 52 E. GAY STREET, PO BOX 100S				Registration Number, if PAC OH 109	
City COLUMBUS		State O	Zip Code 43215	M 0	D 9
				Y 2	Amount 800.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor KINSLEY F. NYCE					
Street Address 550 E. WALNUT ST.				Registration Number, if PAC	
City COLUMBUS		State O	Zip Code 43215	M 1	D 0
				Y 0	Amount 50.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor RICHANNE M. ZYMKOSKI					
Street Address 2128 POPLAR ST.				Registration Number, if PAC	
City COLUMBUS		State O	Zip Code 43207	M 1	D 0
				Y 0	Amount 100.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor ROBERT D. HEAD					
Street Address 3280 RIVERSIDE DR. STE 20				Registration Number, if PAC	
City COLUMBUS		State O	Zip Code 43215	M 1	D 0
				Y 0	Amount 75.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor LORIE L. MCCAUGHAN					
Street Address 5492 RED BANK ROAD				Registration Number, if PAC	
City GALENA		State O	Zip Code 43021	M 1	D 0
				Y 0	Amount 50.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor MARK A. SEROTT					
Street Address 789 NORTHWEST BLVD.				Registration Number, if PAC	
City COLUMBUS		State O	Zip Code 43212	M 1	D 0
				Y 0	Amount 75.00
				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

2,250.00

Total expenditures this event

0.00

Page Total \$ 1,250.00