

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 H		Y 2	Amount 100.00
Zip Code 43506		Form(Cash,Check,etc) CHECK			
Full Name of Contributor VORYS SATER SEYMOUR AND PEASE ADV. FOR EFF. PUB ADM				Registration Number, if PAC OH 109	
Street Address 52 E. GAY STREET, PO BOX 1008		Employer/Occupation/Labor Organization*		M 0	D 9
City COLUMBUS		State O H		Y 2	Amount 800.00
Zip Code 43215		Form(Cash,Check,etc) CHECK			
Full Name of Contributor KINSLEY F. NYCE				Registration Number, if PAC	
Street Address 550 E. WALNUT ST.		Employer/Occupation/Labor Organization*		M 1	D 0
City COLUMBUS		State O H		Y 0	Amount 50.00
Zip Code 43215		Form(Cash,Check,etc) CHECK			
Full Name of Contributor RICHANNE M. ZYMKOSKI				Registration Number, if PAC	
Street Address 2128 POPLAR ST.		Employer/Occupation/Labor Organization* FRANKLIN COUNTY MUNI		M 1	D 0
City COLUMBUS		State O H		Y 0	Amount 100.00
Zip Code 43207		Form(Cash,Check,etc) CHECK			
Full Name of Contributor ROBERT D. HEAD				Registration Number, if PAC	
Street Address 3280 RIVERSIDE DR. STE 20		Employer/Occupation/Labor Organization*		M 1	D 0
City COLUMBUS		State O H		Y 0	Amount 75.00
Zip Code 43215		Form(Cash,Check,etc) CHECK			
Full Name of Contributor LORIE L. MCCAUGHAN				Registration Number, if PAC	
Street Address 5492 RED BANK ROAD		Employer/Occupation/Labor Organization*		M 1	D 0
City GALENA		State O H		Y 0	Amount 50.00
Zip Code 43021		Form(Cash,Check,etc) CHECK			
Full Name of Contributor MARK A. SERROTT				Registration Number, if PAC	
Street Address 789 NORTHWEST BLVD.		Employer/Occupation/Labor Organization*		M 1	D 0
City COLUMBUS		State O H		Y 0	Amount 75.00
Zip Code 43212		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