

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 JAMES R. GILMORE				Registration Number, if PAC			
Street Address 1089 ESTHER DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	25.00
City COLUMBUS		State O H	Zip Code 43207	Form(Cash,Check,etc) CHECK			
Full Name of Contributor DWIGHT E. GARNER				Registration Number, if PAC			
Street Address 895 BEECH ST.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	25.00
City COLUMBUS		State O H	Zip Code 43206	Form(Cash,Check,etc) CHECK			
Full Name of Contributor DAVID A. RINGER				Registration Number, if PAC			
Street Address 417 W. 6TH AVENUE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	25.00
City COLUMBUS		State O H	Zip Code 43201	Form(Cash,Check,etc) CHECK			
Full Name of Contributor THOMAS C. LONN				Registration Number, if PAC			
Street Address 833 EASTWIND DR.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	50.00
City WESTERVILLE		State O H	Zip Code 43081	Form(Cash,Check,etc) CHECK			
Full Name of Contributor NANCY K. WONNELL				Registration Number, if PAC			
Street Address 330 S. HIGH STREET		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	50.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK			
Full Name of Contributor M. SHAWN DINGUS				Registration Number, if PAC			
Street Address 1141 S. HIGH STREET		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	75.00
City COLUMBUS		State O H	Zip Code 43206	Form(Cash,Check,etc) CHECK			
Full Name of Contributor PATRICK FLEMING				Registration Number, if PAC			
Street Address 2128 POPLAR STREET		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	40.00
City OBETZ		State O H	Zip Code 43207	Form(Cash,Check,etc) CASH			

* 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 \$ 290.00