

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 SCOTT J. VARNER				Registration Number, if PAC	
Street Address 1002 HUNTER AVE.	Employer/Occupation/Labor Organization*		M	D	Y
			0	9	2
City COLUMBUS	State O H	Zip Code 43201	Amount	50.00	
Form(Cash,Check,etc) CHECK					
Full Name of Contributor KAREN L. GUNDERMAN				Registration Number, if PAC	
Street Address 792 S. WASHINGTON AVE.	Employer/Occupation/Labor Organization*		M	D	Y
	MARYLAND VOLUNTEER		0	9	2
City COLUMBUS	State O H	Zip Code 43206	Amount	100.00	
Form(Cash,Check,etc) CHECK					
Full Name of Contributor LYNN A. GREER				Registration Number, if PAC	
Street Address 1200 CHAMBERS RD., SUITE 410	Employer/Occupation/Labor Organization*		M	D	Y
	GREER FOUNDATION		0	9	2
City COLUMBUS	State O H	Zip Code 43212	Amount	100.00	
Form(Cash,Check,etc) CHECK					
Full Name of Contributor DON DEATERIA				Registration Number, if PAC	
Street Address 901 BEECH ST.	Employer/Occupation/Labor Organization*		M	D	Y
			0	9	2
City COLUMBUS	State O H	Zip Code 43206	Amount	20.00	
Form(Cash,Check,etc) CASH					
Full Name of Contributor ED LEONARD				Registration Number, if PAC	
Street Address 4025 BERRYBUSH DRIVE	Employer/Occupation/Labor Organization*		M	D	Y
			0	9	2
City COLUMBUS	State O H	Zip Code 43230	Amount	20.00	
Form(Cash,Check,etc) CASH					
Full Name of Contributor JOHN SOWERS				Registration Number, if PAC	
Street Address 446 STANLEY	Employer/Occupation/Labor Organization*		M	D	Y
	MORTGAGE BROKER		0	9	2
City COLUMBUS	State O H	Zip Code 43206	Amount	100.00	
Form(Cash,Check,etc) CASH					
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		

* 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 \$ 390.00