

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 SI SOKOL				Registration Number, if PAC	
Street Address 2346 FISHINGER ROAD	Employer/Occupation/Labor Organization* BANCINSURANCE CORP.		M 0	D 8	Y 05
City COLUMBUS	State O H	Zip Code 43221	Form(Cash,Check,etc) CHECK		Amount 250.00
Full Name of Contributor ERIC BECKER				Registration Number, if PAC	
Street Address 4380 BRAUNTON	Employer/Occupation/Labor Organization*		M 0	D 8	Y 05
City UPPER ARLINGTON	State O H	Zip Code 43220	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor SEAN O'NEILL				Registration Number, if PAC	
Street Address BEST EFFORTS	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City	State	Zip Code	Form(Cash,Check,etc) CASH		Amount 5.00
Full Name of Contributor KENNETH H. BOWEN				Registration Number, if PAC	
Street Address 106 S. KAVDENY ROAD	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O H	Zip Code 43209	Form(Cash,Check,etc) CASH		Amount 25.00
Full Name of Contributor JASON DAVIS				Registration Number, if PAC	
Street Address 1564 DOLEN AVENUE	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O H	Zip Code 43212	Form(Cash,Check,etc) CASH		Amount 50.00
Full Name of Contributor NADINE SNIECHOWSKI				Registration Number, if PAC	
Street Address 242 KING AVE.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O H	Zip Code 43212	Form(Cash,Check,etc) CASH		Amount 10.00
Full Name of Contributor ERIN BYRNE				Registration Number, if PAC	
Street Address 1493 ASHLAND AVENUE	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O H	Zip Code 43212	Form(Cash,Check,etc) CASH		Amount 5.00

* 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

1,966.00

Total expenditures this event

0.00

Page Total \$ 370.00