

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 JOHN L. EINSTEIN, IV					Registration Number, if PAC		
Street Address 366 E. BROAD ST.		Employer/Occupation/Labor Organization* CARLILE, PATCHEN & MUI		M 0	D 9	Y 14	Amount 500.00
City COLUMBUS		State O H		Zip Code 43215		Form(Cash,Check,etc) CHECK	
Full Name of Contributor BRAD KOFFEL					Registration Number, if PAC		
Street Address 2130 ARLINGTON AVE.		Employer/Occupation/Labor Organization* KOFFEL & JUMP		M 0	D 9	Y 15	Amount 1,000.00
City COLUMBUS		State O H		Zip Code 43215		Form(Cash,Check,etc) CHECK	
Full Name of Contributor PHILIP B. KAUFMAN					Registration Number, if PAC		
Street Address 341 S. THIRD ST., SUITE 300		Employer/Occupation/Labor Organization* ATTORNEY		M 0	D 9	Y 15	Amount 200.00
City COLUMBUS		State O H		Zip Code 43215		Form(Cash,Check,etc) CHECK	
Full Name of Contributor LAWRENCE A. RIEHL					Registration Number, if PAC		
Street Address 500 S. FRONT ST., SUITE 200		Employer/Occupation/Labor Organization* VICKERY RIEHL & ALTER		M 0	D 9	Y 15	Amount 100.00
City COLUMBUS		State O H		Zip Code 43215		Form(Cash,Check,etc) CHECK	
Full Name of Contributor E. SCOTT SHAW					Registration Number, if PAC		
Street Address 500 S. FRONT ST., SUITE 130		Employer/Occupation/Labor Organization* ATTORNEY		M 0	D 9	Y 15	Amount 100.00
City COLUMBUS		State O H		Zip Code 43215		Form(Cash,Check,etc) CHECK	
Full Name of Contributor STEPHEN L. MCINTOSH					Registration Number, if PAC		
Street Address 799 NOB HILL DRIVE, W.		Employer/Occupation/Labor Organization* 		M 0	D 9	Y 15	Amount 50.00
City GAHANNA		State O H		Zip Code 43230		Form(Cash,Check,etc) CHECK	
Full Name of Contributor RICHARD S. KERTCHAM					Registration Number, if PAC		
Street Address 755 S. HIGH STREET		Employer/Occupation/Labor Organization* 		M 0	D 9	Y 15	Amount 50.00
City COLUMBUS		State O H		Zip Code 43215		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

2,200.00

Total expenditures this event

0.00

Page Total \$ 2,000.00