

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 STEVE LARSON			Registration Number, if PAC		
Street Address 518 N. PARK STREET	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O	Zip Code 43215	Amount 50.00		
			Form(Cash,Check,etc) MONEY ORDER		
Full Name of Contributor CAROL A. WRIGHT			Registration Number, if PAC		
Street Address 318 BERGER ALLEY	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O	Zip Code 43205	Amount 50.00		
			Form(Cash,Check,etc) CHECK		
Full Name of Contributor HARRY R. REINHART			Registration Number, if PAC		
Street Address 400 S. FIFTH ST., SUITE 202	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O	Zip Code 43215	Amount 50.00		
			Form(Cash,Check,etc) CHECK		
Full Name of Contributor SI SOKOL			Registration Number, if PAC		
Street Address 2346 FISHINGER ROAD	Employer/Occupation/Labor Organization*		M 0	D 9	Y 05
City COLUMBUS	State O	Zip Code 43220	Amount 50.00		
			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	Amount		
			Form(Cash,Check,etc)		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Amount		
			Form(Cash,Check,etc)		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Amount		
			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 \$ 200.00