

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 BRICKER & ECKLER LLP STATE PAC				Registration Number, if PAC OH821	
Street Address 100 S. THIRD ST.		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O	Zip Code 43215	Y	Amount 250.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor COLUMBUS/CENTRAL OHIO BUILDING & CONSTRUCTION PAC				Registration Number, if PAC LA1214	
Street Address 555 E. RICH STREET		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O	Zip Code 43215	Y	Amount 100.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor GARY W. HAMMOND				Registration Number, if PAC	
Street Address 556 E. TOWN STREET		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O	Zip Code 43215	Y	Amount 50.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	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 \$ 400.00