

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 O. CAMPBELL				Registration Number, if PAC			
Street Address 250 E. STEWART AVE., APT. D		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	25.00
City COLUMBUS		State O H	Zip Code 43206	Form(Cash,Check,etc) CHECK			
Full Name of Contributor CYNTHIA A. TURKELSON				Registration Number, if PAC			
Street Address 2440 WYNCOURTNEY COURT		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	100.00
City POWELL		State O H	Zip Code 43065	Form(Cash,Check,etc) CHECK			
Full Name of Contributor CHRIS A. SMILEY				Registration Number, if PAC			
Street Address 7754 PARK BEND DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	50.00
City WESTERVILLE		State O H	Zip Code 43082	Form(Cash,Check,etc) CHECK			
Full Name of Contributor DEBORAH PINNOCK				Registration Number, if PAC			
Street Address 156 SOUTH MARTHA		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	500.00
City DEARBORN		State M I	Zip Code 48124	Form(Cash,Check,etc) MONEY ORDER			
Full Name of Contributor JOHN A. BRANDT				Registration Number, if PAC			
Street Address 5187 SMOTHERS ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	25.00
City WESTERVILLE		State O H	Zip Code 43081	Form(Cash,Check,etc) CHECK			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
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 \$ 700.00