

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 Ed Leonard				Registration Number, if PAC			
Street Address 373 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	3	25.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) cash			
Full Name of Contributor Eileen Paley				Registration Number, if PAC			
Street Address 373 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	3	25.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) cash			
Full Name of Contributor Marilyn Brown				Registration Number, if PAC			
Street Address 34 W. Poplar		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	3	25.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) check			
Full Name of Contributor William Anthony				Registration Number, if PAC			
Street Address 271 E. State St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	3	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor William P. DeMora				Registration Number, if PAC			
Street Address 100 Warren Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	3	25.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Laura J. Stehle				Registration Number, if PAC			
Street Address 2573 Quarry Lake Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	3	25.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Michael S. Kolman				Registration Number, if PAC			
Street Address 6287 Char-Mar Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	3	25.00
City Westerville		State O H	Zip Code 43082	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

\$500.00

Total expenditures this event

260.00

Page Total \$ **250.00**