

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 CHUCK DUTTON				Registration Number, if PAC	
Street Address 7099 GAY ROAD	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City GROVE CITY	State O	Zip Code 43123	Amount 25.00	Form(Cash,Check,etc) CASH	
Full Name of Contributor DAN AMES				Registration Number, if PAC	
Street Address 5691 GREAT HALL CT.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City COLUMBUS	State O	Zip Code 43231	Amount 50.00	Form(Cash,Check,etc) CASH	
Full Name of Contributor STEPHEN P. SAMUELS				Registration Number, if PAC	
Street Address 250 WEST STREET	Employer/Occupation/Labor Organization* SCHOTTENSTEIN ZOX & D		M 0	D 8	Y 1
City COLUMBUS	State O	Zip Code 43215	Amount 225.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor KAREN A. WINTERS				Registration Number, if PAC	
Street Address 2340 OXFORD ROAD	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City COLUMBUS	State O	Zip Code 43221	Amount 75.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MARIA L. MONE				Registration Number, if PAC	
Street Address 2505 WESTMONT BLVD.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City COLUMBUS	State O	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor SUZANNA D. GUSSLER				Registration Number, if PAC	
Street Address 3893 CRISWELL DR.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City UPPER ARLINGTON	State O	Zip Code 43220	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JAMES P. JOYCE				Registration Number, if PAC	
Street Address 1335 DUBLIN ROAD SUITE 100B	Employer/Occupation/Labor Organization* HR GRAY & ASSOCIATES		M 0	D 8	Y 1
City COLUMBUS	State O	Zip Code 43215	Amount 500.00	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

1,575.00

Total expenditures this event

0.00

Page Total \$ 925.00