

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 Marlene Lynn				Registration Number, if PAC	
Street Address 7725 Kelvinway Dr.		Employer/Occupation/Labor Organization*		M	D
City Worthington		State O H	Zip Code 43085	Y	Amount 25.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Heather M. Kurek				Registration Number, if PAC	
Street Address 3324 Willington Dr.		Employer/Occupation/Labor Organization*		M	D
City Dublin		State O H	Zip Code 43017	Y	Amount 25.00
				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 Clark F. Donley				Registration Number, if PAC	
Street Address 4859 Moreland Dr.		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O H	Zip Code 43220	Y	Amount 30.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Vicki E. Lyden				Registration Number, if PAC	
Street Address 5641 Glenbervie Court		Employer/Occupation/Labor Organization*		M	D
City Dublin		State O H	Zip Code 43017	Y	Amount 30.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Michael Sexton				Registration Number, if PAC	
Street Address 9 Buttles Ave., Apt. 414		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O H	Zip Code 43215	Y	Amount 30.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Jean D. Chamberlain				Registration Number, if PAC	
Street Address 2424 Wyncourtney Ct.		Employer/Occupation/Labor Organization*		M	D
City Powell		State O H	Zip Code 43065	Y	Amount 60.00
				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

Total expenditures this event

Page Total \$ **200.00**