

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 SARA E. ERNEST				Registration Number, if PAC	
Street Address 271 S. CHAMPION AVE.		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43205	Y 0 5	Amount 20.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor RUSSELL GOODWIN					
Street Address 103 E. FIRST AVE.		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43201	Y 0 5	Amount 20.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor DWIGHT E. GARNER					
Street Address 895 BEECH ST.		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43206	Y 0 5	Amount 40.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor CATHLEEN A. JOHNSTON					
Street Address 809 BEECH ST.		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43206	Y 0 5	Amount 20.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor COMMITTEE FOR EMILY KREIDER					
Street Address 11 TRIESTA PLACE		Employer/Occupation/Labor Organization*		M	D
City WESTERVILLE		State O H	Zip Code 43081	Y 0 5	Amount 20.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor JOHN J. MANNING					
Street Address 204 REINHARD AVE.		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43206	Y 0 5	Amount 20.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor LINDA A. WELCH					
Street Address 75 EBNER ST.		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43206	Y 0 5	Amount 50.00
				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

580.00

Total expenditures this event

0.00

Page Total \$ 190.00