

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 Michael L. Silberstein				Registration Number, if PAC	
Street Address 1088 Fountain Lane, Apt. F		Employer/Occupation/Labor Organization*		M D Y 0 3 1 4 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43229		Form(Cash,Check,etc) check	
Full Name of Contributor Anthony M. Cafaro, Sr.				Registration Number, if PAC	
Street Address 2445 Belmont Avenue		Employer/Occupation/Labor Organization*		M D Y 0 4 0 1 0 5	Amount 250.00
City Youngstown	State O H	Zip Code 44504		Form(Cash,Check,etc) check	
Full Name of Contributor Roger Gugliucello				Registration Number, if PAC	
Street Address 4226 Euclid Blvd.		Employer/Occupation/Labor Organization*		M D Y 0 4 0 1 0 5	Amount 100.00
City Youngstown	State O H	Zip Code 44512		Form(Cash,Check,etc)	
Full Name of Contributor John H. Provanzana				Registration Number, if PAC	
Street Address 304 Delegate Dr.		Employer/Occupation/Labor Organization*		M D Y 0 4 0 1 0 5	Amount 100.00
City W. Worthington	State O H	Zip Code 43235		Form(Cash,Check,etc) check	
Full Name of Contributor James R. Havens				Registration Number, if PAC	
Street Address 141 E. Town St.		Employer/Occupation/Labor Organization*		M D Y 0 4 0 1 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Donald DeSalvo				Registration Number, if PAC	
Street Address 3500 S. Meridian, No. 755		Employer/Occupation/Labor Organization*		M D Y 0 4 0 1 0 5	Amount 250.00
City Puyallup	State W A	Zip Code 98373		Form(Cash,Check,etc) check	
Full Name of Contributor Allen J. Reis				Registration Number, if PAC	
Street Address 3250 Knoll Dr.		Employer/Occupation/Labor Organization*		M D Y 0 4 0 1 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43230		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

\$5,000.00

Total expenditures this event

94.72

Page Total \$ **1,450.00**