

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 Vorys Sater Seymour & Pease LLP, Advocate for Effective Public Administration				Registration Number, if PAC OH 109	
Street Address 52 E. Gay St., P.O. Box 1008	Employer/Occupation/Labor Organization*		M 1	D 0	Y 8
City Columbus	State O H	Zip Code 43215-1008	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Michael E. Zatezalo				Registration Number, if PAC	
Street Address 1176 Harrison Pond Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 8
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Harlan S. Louis				Registration Number, if PAC	
Street Address 6140 Hilltop Trail Dr.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 8
City New Albany	State O H	Zip Code 43054-9070	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Carol A. Wright				Registration Number, if PAC	
Street Address 318 Berger Alley	Employer/Occupation/Labor Organization*		M 1	D 0	Y 8
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Fred Michael Speed, Jr.				Registration Number, if PAC	
Street Address 975 Clan Ct.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 8
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Kravitz & Kravitz, LLC, pre-distribution funds				Registration Number, if PAC	
Street Address 145 E. Rich St.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 8
City Columbus	State O H	Zip Code 43215-5240	Form(Cash,Check,etc) check		Amount 200.00
Full Name of Contributor Gregory W. Stype				Registration Number, if PAC	
Street Address 2232 Tremont Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 8
City Columbus	State O H	Zip Code 43221-4241	Form(Cash,Check,etc) check		Amount 250.00

* 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 \$ 950.00