

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 Robert J. (Skip) Weiler, Jr.				Registration Number, if PAC	
Street Address 41 S. High St., Ste. 2200		Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 0 4	Amount 250.00
City Columbus	State O H	Zip Code 43215-6103		Form(Cash,Check,etc) check	
Full Name of Contributor John T. Dellick				Registration Number, if PAC	
Street Address 7936 Spring Lane		Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 0 4	Amount 350.00
City Canfield	State O H	Zip Code 44406-9108		Form(Cash,Check,etc) check	
Full Name of Contributor Si Sokol				Registration Number, if PAC	
Street Address 2346 Fishinger Rd.		Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 0 4	Amount 200.00
City Columbus	State O H	Zip Code 43221		Form(Cash,Check,etc) check	
Full Name of Contributor Reynoldsburg Democratic PAC 10-97				Registration Number, if PAC 10-97	
Street Address 619 Gilmore Dr.		Employer/Occupation/Labor Organization*		M D Y 1 0 0 8 0 4	Amount 100.00
City Reynoldsburg Democratic PAC 10-97	State O H	Zip Code 43068		Form(Cash,Check,etc) check	
Full Name of Contributor Buckingham Doolittle & Burroughs Political Action Committee				Registration Number, if PAC CP 134	
Street Address 50 S. Main St.		Employer/Occupation/Labor Organization*		M D Y 1 0 0 8 0 4	Amount 200.00
City Akron	State O H	Zip Code 44308		Form(Cash,Check,etc) check	
Full Name of Contributor J. James Bishop, II				Registration Number, if PAC	
Street Address 1841 Penn Rd.		Employer/Occupation/Labor Organization*		M D Y 1 0 0 8 0 4	Amount 100.00
City Toledo	State O H	Zip Code 43615		Form(Cash,Check,etc) check	
Full Name of Contributor Allen J. Reis				Registration Number, if PAC	
Street Address 3250 Knoll Rd.		Employer/Occupation/Labor Organization*		M D Y 1 0 0 8 0 4	Amount 100.00
City Gahanna	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

Total expenditures this event

Page Total \$ 1,300.00