

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			Registration Number, if PAC	
MARK A. SERROTT				
Street Address		Employer/Occupation/Labor Organization*		Amount
789 NORTHWEST BLVD., A				100.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	O H	43212	CHECK	
Full Name of Contributor			Registration Number, if PAC	
E. REILLEY FORMAN				
Street Address		Employer/Occupation/Labor Organization*		Amount
481 WHITNEY AVENUE				50.00
City	State	Zip Code	Form(Cash,Check,etc)	
WORTHINGTON	O H	43085	CHECK	
Full Name of Contributor			Registration Number, if PAC	
ALLEN J. REIS				
Street Address		Employer/Occupation/Labor Organization*		Amount
3250 KNOLL DRIVE				100.00
City	State	Zip Code	Form(Cash,Check,etc)	
GAHANNA	O H	43230	CHECK	
Full Name of Contributor			Registration Number, if PAC	
ALEXANDER SPATER				
Street Address		Employer/Occupation/Labor Organization*		Amount
565 E. TOWN STREET				50.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	O H	43215	CHECK	
Full Name of Contributor			Registration Number, if PAC	
LARRY EZELL				
Street Address		Employer/Occupation/Labor Organization*		Amount
500 S. FRONT ST., SUITE 102				50.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	O H	43215	CHECK	
Full Name of Contributor			Registration Number, if PAC	
PHILIP B. KAUFMAN				
Street Address		Employer/Occupation/Labor Organization*		Amount
341 S. THIRD STREET, SUITE 300				50.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	O H	43215	CHECK	
Full Name of Contributor			Registration Number, if PAC	
CAROL A. WRIGHT				
Street Address		Employer/Occupation/Labor Organization*		Amount
318 BERGER ALLEY				25.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	O H	43206	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 \$ 425.00

Page Total \$ 425.00