

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 IBEW-COPE		Registration Number, if PAC C00027342		
Street Address 1125 15th Street NW	Employer/Occupation/Labor Organization*	M	D	Y
City Washington	State D C	Zip Code 20005	Amount 250.00	Form(Cash,Check,etc) check
Full Name of Contributor		Registration Number, if PAC		
Street Address		M	D	Y
City	State	Zip Code	Amount	Form(Cash,Check,etc)
Full Name of Contributor		Registration Number, if PAC		
Street Address		M	D	Y
City	State	Zip Code	Amount	Form(Cash,Check,etc)
Full Name of Contributor		Registration Number, if PAC		
Street Address		M	D	Y
City	State	Zip Code	Amount	Form(Cash,Check,etc)
Full Name of Contributor		Registration Number, if PAC		
Street Address		M	D	Y
City	State	Zip Code	Amount	Form(Cash,Check,etc)
Full Name of Contributor		Registration Number, if PAC		
Street Address		M	D	Y
City	State	Zip Code	Amount	Form(Cash,Check,etc)
Full Name of Contributor		Registration Number, if PAC		
Street Address		M	D	Y
City	State	Zip Code	Amount	Form(Cash,Check,etc)

* 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 \$ 250.00