

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN											
To Whom Paid U.S. Postmaster					M	D	Y	Amount			
					0	3	1	5	0	5	94.72
Address 850 Twin Rivers Drive				Purpose Postage							
City Columbus		State O H		Zip Code 43215		Check Number 170					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State		Zip Code		Check Number					
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City		State		Zip Code		Check Number					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.