

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Rankin					
Full Name of Contributor Ron Koltok				Registration Number, if PAC	
Street Address 5 E. Long Street		Employer/Occupation/Labor Organization* Koltok & Gibson, Attorney		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 3	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Kathleen Addlesperger					
Street Address 1336 Carolyn Avenue		Employer/Occupation/Labor Organization* Cols. City Atty Office, Legal Assistant		M 1	D 0
City Columbus		State OH	Zip Code 43214	Y 3	Amount \$25.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Barbara G. Ford					
Street Address 595 E. Dominion Blvd.		Employer/Occupation/Labor Organization* Musical Offerings, Owner		M 1	D 0
City Columbus		State OH	Zip Code 43214	Y 3	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 175.00