

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 TERESA A. DAUGHERTY				Registration Number, if PAC	
Street Address 539 WREXHAM AVE.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 05
City COLUMBUS	State OH	Zip Code 43223	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor PATRICIA K. FROEHLICH				Registration Number, if PAC	
Street Address 576 MAIN STREET	Employer/Occupation/Labor Organization*		M 0	D 7	Y 05
City GROVEPORT	State OH	Zip Code 43125	Form(Cash,Check,etc) CHECK		Amount 35.00
Full Name of Contributor RICHANNE M. ZYMKOSKI				Registration Number, if PAC	
Street Address 2128 POPLAR STREET	Employer/Occupation/Labor Organization* FRANKLIN CO. MUNICIPAL		M 0	D 7	Y 05
City COLUMBUS	State OH	Zip Code 43207	Form(Cash,Check,etc) CHECK		Amount 115.00
Full Name of Contributor LYLE SAYLOR				Registration Number, if PAC	
Street Address 417 W. 6TH AVENUE	Employer/Occupation/Labor Organization*		M 0	D 7	Y 05
City COLUMBUS	State OH	Zip Code 43201	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor MARY JO HUDSON				Registration Number, if PAC	
Street Address 955 DELAWARE AVENUE	Employer/Occupation/Labor Organization*		M 0	D 7	Y 05
City COLUMBUS	State OH	Zip Code 43201	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor JOSEPH L. MAS				Registration Number, if PAC	
Street Address 206 HIAWATHA AVENUE	Employer/Occupation/Labor Organization*		M 0	D 7	Y 05
City WESTERVILLE	State OH	Zip Code 43081	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor JOHN W. SOWERS				Registration Number, if PAC	
Street Address 446 STANLEY AVENUE	Employer/Occupation/Labor Organization*		M 0	D 7	Y 05
City COLUMBUS	State OH	Zip Code 43206	Form(Cash,Check,etc) CHECK		Amount 25.00

* 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 \$ 325.00

Page Total \$ 325.00