

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 Richanne M. Zymkoski			Registration Number, if PAC	
Street Address 2128 Poplar Street	Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount 100.00
City Columbus	State O H	Zip Code 43207	Form(Cash,Check,etc) check	
Full Name of Contributor Carol A. Wright			Registration Number, if PAC	
Street Address 318 Berger Alley	Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount 100.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) check	
Full Name of Contributor Barry Wilford			Registration Number, if PAC	
Street Address 481 E. Sycamore St.	Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) check	
Full Name of Contributor Stephanie C. Ulrev			Registration Number, if PAC	
Street Address 2604 Queensway Drive	Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount 150.00
City Grove City	State O H	Zip Code 43123	Form(Cash,Check,etc) check	
Full Name of Contributor Thomas C. Tootle			Registration Number, if PAC	
Street Address 5971 Hildenboro Dr.	Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount 250.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) check	
Full Name of Contributor Angie Brown			Registration Number, if PAC	
Street Address 789 Northwest Blvd.	Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount 100.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) check	
Full Name of Contributor Stephen A. Santangelo			Registration Number, if PAC	
Street Address 5873 Rothesay Ct.	Employer/Occupation/Labor Organization*		M D Y 0 4 0 6 0 5	Amount 100.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) 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 \$ \$50.00