

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>CITIZENS FOR RANKIN</b>					
Full Name of Contributor <b>TERESA A. DAUGHERTY</b>				Registration Number, if PAC	
Street Address <b>539 WREXHAM AVE.</b>		Employer/Occupation/Labor Organization*		M	D
				0	7
				1	9
				0	5
				Amount <b>25.00</b>	
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43223</b>		Form (Cash, Check, etc) <b>CHECK</b>	
Full Name of Contributor <b>PATRICIA K. FROELICH</b>				Registration Number, if PAC	
Street Address <b>576 MAIN STREET</b>		Employer/Occupation/Labor Organization*		M	D
				0	7
				1	9
				0	5
				Amount <b>35.00</b>	
City <b>GROVEPORT</b>	State <b>O   H</b>	Zip Code <b>43125</b>		Form (Cash, Check, etc) <b>CHECK</b>	
Full Name of Contributor <b>RICHIANNE M. ZYMKOSKI</b>				Registration Number, if PAC	
Street Address <b>2128 POPLAR STREET</b>		Employer/Occupation/Labor Organization*		M	D
		<b>FRANKLIN CO. MUNICIPAL</b>		0	7
				1	9
				0	5
				Amount <b>115.00</b>	
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43207</b>		Form (Cash, Check, etc) <b>CHECK</b>	
Full Name of Contributor <b>LYLE SAYLOR</b>				Registration Number, if PAC	
Street Address <b>417 W. 6TH AVENUE</b>		Employer/Occupation/Labor Organization*		M	D
				0	7
				1	9
				0	5
				Amount <b>25.00</b>	
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43201</b>		Form (Cash, Check, etc) <b>CHECK</b>	
Full Name of Contributor <b>MARY JO HUDSON</b>				Registration Number, if PAC	
Street Address <b>955 DELAWARE AVENUE</b>		Employer/Occupation/Labor Organization*		M	D
				0	7
				1	9
				0	5
				Amount <b>50.00</b>	
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43201</b>		Form (Cash, Check, etc) <b>CHECK</b>	
Full Name of Contributor <b>JOSEPH L. MAS</b>				Registration Number, if PAC	
Street Address <b>206 HIAWATHA AVENUE</b>		Employer/Occupation/Labor Organization*		M	D
				0	7
				1	9
				0	5
				Amount <b>50.00</b>	
City <b>WESTERVILLE</b>	State <b>O   H</b>	Zip Code <b>43081</b>		Form (Cash, Check, etc) <b>CHECK</b>	
Full Name of Contributor <b>JOHN W. SOWERS</b>				Registration Number, if PAC	
Street Address <b>446 STANLEY AVENUE</b>		Employer/Occupation/Labor Organization*		M	D
				0	7
				1	9
				0	5
				Amount <b>25.00</b>	
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43206</b>		Form (Cash, Check, etc) <b>CHECK</b>	

\* 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