

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

Prescribed by Secretary of State 03/03

Name of Committee in Full Citizens for Rankin					
Full Name of Contributor Andy Geiger				Registration Number, if PAC	
Street Address 2358 Northwest Blvd.		Employer/Occupation/Labor Organization* OSU, Athletic Director		M 1	D 0
City Columbus		State OH	Zip Code 43212	Y 3	Amount \$40.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jim Fronk				Registration Number, if PAC	
Street Address 1896 Baldrige Road		Employer/Occupation/Labor Organization* UA Schools, Teacher		M 1	D 0
City Columbus		State OH	Zip Code 43221	Y 3	Amount \$40.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Laura Cook				Registration Number, if PAC	
Street Address 2019 Edgemont Road North		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43221	Y 3	Amount \$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Melanie Fitzpatrick Mitchell				Registration Number, if PAC	
Street Address 1635 Sundridge Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43221	Y 3	Amount \$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Mary Ann Krauss				Registration Number, if PAC	
Street Address 1980 Upper Chelsea Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43221	Y 3	Amount \$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Phyllis M. Newman				Registration Number, if PAC	
Street Address 2090 Lower Chelsea Road		Employer/Occupation/Labor Organization* Remax Realty, Realtor		M 1	D 0
City Columbus		State OH	Zip Code 43221	Y 3	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jodene Maxwell Scarbrough				Registration Number, if PAC	
Street Address 2449 Kensington Drive		Employer/Occupation/Labor Organization* Not employed, Retired		M 1	D 0
City Columbus		State OH	Zip Code 43221	Y 3	Amount \$50.00
Form (Cash, Check, etc.) Check					

* 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 \$

\$255.00