

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 SEAN K. KELLER				Registration Number, if PAC	
Street Address 924 TIMBERMAN ROAD	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City COLUMBUS	State O	Zip Code 43212	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DOROTHY BYRNE				Registration Number, if PAC	
Street Address 3151 GRIGGSVIEW CT.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City COLUMBUS	State O	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor SANDRA A. MURRAY				Registration Number, if PAC	
Street Address 2357 ABINGTON ROAD	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City UPPER ARLINGTON	State O	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JOHN T. CONROY				Registration Number, if PAC	
Street Address 3363 TREMONT ROAD, SUITE 104C	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City COLUMBUS	State O	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JUDITH K. BURCHFIELD				Registration Number, if PAC	
Street Address 922 ELLIOTT ST.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City MARBLEHEAD	State O	Zip Code 43440	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DEANNA KEPPLER				Registration Number, if PAC	
Street Address 465 SOUTH PARKVIEW	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City BEXLEY	State O	Zip Code 43209	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DENISE PONTIOIUS				Registration Number, if PAC	
Street Address 4132 STELLAR DRIVE	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City HILLIARD	State O	Zip Code 43026	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, 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 \$ 200.00