

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 KATHERINE KRAUSS RYAN				Registration Number, if PAC	
Street Address 1965 UPPER CHELSEA RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O H	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JEFFREY T. FOLKERTH				Registration Number, if PAC	
Street Address 2231 OXFORD RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O H	Zip Code 43221	Amount 50.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor MELISSA K. HEDDEN				Registration Number, if PAC	
Street Address 2280 BRIXTON RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O H	Zip Code 43221	Amount 50.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor KATHAY A. PANNING				Registration Number, if PAC	
Street Address 1990 UPPER CHELSEA RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O H	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor DIANE STURGES				Registration Number, if PAC	
Street Address 1622 CAMBRIDGE BLVD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O H	Zip Code 43221	Amount 50.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JAN E. DAVIS				Registration Number, if PAC	
Street Address 2492 EDGEVALE RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O H	Zip Code 43221	Amount 25.00	Form(Cash,Check,etc) CHECK	
Full Name of Contributor SHARON M. WHALEY				Registration Number, if PAC	
Street Address 1831 ROXBURY RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O H	Zip Code 43221	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 \$ 275.00