

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 ANDY GEIGER			Registration Number, if PAC		
Street Address 2358 NORTHWEST BLVD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O	Zip Code 43212	1	0	5
			Form(Cash,Check,etc) CASH		
			Amount 40.00		
Full Name of Contributor HEM FRONK			Registration Number, if PAC		
Street Address 1896 BALDRIDGE RD.D	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O	Zip Code 43221	1	0	5
			Form(Cash,Check,etc) CASH		
			Amount 40.00		
Full Name of Contributor LAURA COOK			Registration Number, if PAC		
Street Address 2019 EDMONT ROAD N.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O	Zip Code 43221	1	0	5
			Form(Cash,Check,etc) CASH		
			Amount 25.00		
Full Name of Contributor KELANIE FITZPATRICK MITCHELL			Registration Number, if PAC		
Street Address 1635 SUNDRIDGE DR.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O	Zip Code 43221	1	0	5
			Form(Cash,Check,etc) CHECK		
			Amount 25.00		
Full Name of Contributor MARY ANN KRAUSS			Registration Number, if PAC		
Street Address 1980 UPPER CHELSEA RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O	Zip Code 43221	1	0	5
			Form(Cash,Check,etc) CHECK		
			Amount 25.00		
Full Name of Contributor PHYLLIS M. NEWMAN			Registration Number, if PAC		
Street Address 2090 LOWER CHELSEA RD.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O	Zip Code 43221	1	0	5
			Form(Cash,Check,etc) CHECK		
			Amount 50.00		
Full Name of Contributor JODENE MAXWELL SCARBROUGH			Registration Number, if PAC		
Street Address 2449 KENSINGTON DR.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City COLUMBUS	State O	Zip Code 43221	1	0	5
			Form(Cash,Check,etc) CHECK		
			Amount 50.00		

* 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

705.00

Total expenditures this event

0.00

Page Total \$ 255.00