

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 CARLA F. ASHTON				Registration Number, if PAC	
Street Address 190 S. CASSINGHAM ROAD		Employer/Occupation/Labor Organization*		M	D
City BEXLEY		State O H	Zip Code 43209	Y 0 5	Amount 50.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor CHERYL ROBERTO					
Street Address 1927 TEWKSBURY RD.		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43221	Y 0 5	Amount 100.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor MARGARET R. ASHBROOK					
Street Address 2994 CRESCENT DRIVE		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43204	Y 0 5	Amount 100.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor CHRISTOPHER R. SCHRAFF					
Street Address 1840 WALTHAM ROAD		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43221	Y 0 5	Amount 100.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor BECKY A. WESTERFELT					
Street Address 161 S. BRINKER AVENUE		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43204	Y 0 5	Amount 100.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor VICKI LEE DEISNER					
Street Address 579 GRANT AVENUE		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43206	Y 0 5	Amount 100.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor MARTIN SELTZER					
Street Address 4860 RUSTIC BRIDGE ROAD		Employer/Occupation/Labor Organization*		M	D
City COLUMBUS		State O H	Zip Code 43214	Y 0 5	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 \$ **600.00**