

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 RON KOLTOK				Registration Number, if PAC	
Street Address 5 E. LONG ST.	Employer/Occupation/Labor Organization* KOLTOK & GIBSON		M 1	D 03	Y 10
City COLUMBUS	State OH	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor KATHLEEN ADDLESPERGER				Registration Number, if PAC	
Street Address 1336 CAROLYN AVENUE	Employer/Occupation/Labor Organization*		M 1	D 03	Y 10
City COLUMBUS	State OH	Zip Code 43224	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor BARBARA G. FORD				Registration Number, if PAC	
Street Address 595 E. DOMINION BLVD.	Employer/Occupation/Labor Organization*		M 1	D 03	Y 10
City COLUMBUS	State OH	Zip Code 43214	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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 \$ 175.00