

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

|                                                          |                   |                                         |                                          |                             |        |
|----------------------------------------------------------|-------------------|-----------------------------------------|------------------------------------------|-----------------------------|--------|
| Name of Committee in Full<br><b>CITIZENS FOR RANKIN</b>  |                   |                                         |                                          |                             |        |
| Full Name of Contributor<br><b>KATHERINE KRAUSS RYAN</b> |                   |                                         |                                          | Registration Number, if PAC |        |
| Street Address<br><b>1965 UPPER CHELSEA RD.</b>          |                   | Employer/Occupation/Labor Organization* |                                          | M                           | D      |
|                                                          |                   |                                         |                                          | 1                           | 0      |
|                                                          |                   |                                         |                                          | 3                           | 1      |
|                                                          |                   |                                         |                                          | 0                           | 5      |
|                                                          |                   |                                         |                                          | Amount<br><b>25.00</b>      |        |
| City<br><b>COLUMBUS</b>                                  | State<br><b>O</b> | Zip Code<br><b>43221</b>                | Form (Cash, Check, etc.)<br><b>CHECK</b> |                             |        |
| Full Name of Contributor<br><b>JEFFREY T. FOLKERTH</b>   |                   |                                         |                                          |                             |        |
| Street Address<br><b>2231 OXFORD RD.</b>                 |                   |                                         |                                          | Registration Number, if PAC |        |
| Employer/Occupation/Labor Organization*                  |                   | M                                       | D                                        | Y                           | Amount |
|                                                          |                   | 1                                       | 0                                        | 3                           | 1      |
|                                                          |                   | 0                                       | 5                                        |                             |        |
|                                                          |                   | Amount<br><b>50.00</b>                  |                                          |                             |        |
| City<br><b>COLUMBUS</b>                                  | State<br><b>O</b> | Zip Code<br><b>43221</b>                | Form (Cash, Check, etc.)<br><b>CHECK</b> |                             |        |
| Full Name of Contributor<br><b>MELISSA K. HIDDEN</b>     |                   |                                         |                                          |                             |        |
| Street Address<br><b>2280 BRIXTON RD.</b>                |                   |                                         |                                          | Registration Number, if PAC |        |
| Employer/Occupation/Labor Organization*                  |                   | M                                       | D                                        | Y                           | Amount |
|                                                          |                   | 1                                       | 0                                        | 3                           | 1      |
|                                                          |                   | 0                                       | 5                                        |                             |        |
|                                                          |                   | Amount<br><b>50.00</b>                  |                                          |                             |        |
| City<br><b>COLUMBUS</b>                                  | State<br><b>O</b> | Zip Code<br><b>43221</b>                | Form (Cash, Check, etc.)<br><b>CHECK</b> |                             |        |
| Full Name of Contributor<br><b>KATHAY A. PANNING</b>     |                   |                                         |                                          |                             |        |
| Street Address<br><b>1990 UPPER CHELSEA RD.</b>          |                   |                                         |                                          | Registration Number, if PAC |        |
| Employer/Occupation/Labor Organization*                  |                   | M                                       | D                                        | Y                           | Amount |
|                                                          |                   | 1                                       | 0                                        | 3                           | 1      |
|                                                          |                   | 0                                       | 5                                        |                             |        |
|                                                          |                   | Amount<br><b>25.00</b>                  |                                          |                             |        |
| City<br><b>COLUMBUS</b>                                  | State<br><b>O</b> | Zip Code<br><b>43221</b>                | Form (Cash, Check, etc.)<br><b>CHECK</b> |                             |        |
| Full Name of Contributor<br><b>DIANE STURGES</b>         |                   |                                         |                                          |                             |        |
| Street Address<br><b>1622 CAMBRIDGE BLVD.</b>            |                   |                                         |                                          | Registration Number, if PAC |        |
| Employer/Occupation/Labor Organization*                  |                   | M                                       | D                                        | Y                           | Amount |
|                                                          |                   | 1                                       | 0                                        | 3                           | 1      |
|                                                          |                   | 0                                       | 5                                        |                             |        |
|                                                          |                   | Amount<br><b>50.00</b>                  |                                          |                             |        |
| City<br><b>COLUMBUS</b>                                  | State<br><b>O</b> | Zip Code<br><b>43221</b>                | Form (Cash, Check, etc.)<br><b>CHECK</b> |                             |        |
| Full Name of Contributor<br><b>JAN E. DAVIS</b>          |                   |                                         |                                          |                             |        |
| Street Address<br><b>2492 EDGEVALE RD.</b>               |                   |                                         |                                          | Registration Number, if PAC |        |
| Employer/Occupation/Labor Organization*                  |                   | M                                       | D                                        | Y                           | Amount |
|                                                          |                   | 1                                       | 0                                        | 3                           | 1      |
|                                                          |                   | 0                                       | 5                                        |                             |        |
|                                                          |                   | Amount<br><b>25.00</b>                  |                                          |                             |        |
| City<br><b>COLUMBUS</b>                                  | State<br><b>O</b> | Zip Code<br><b>43221</b>                | Form (Cash, Check, etc.)<br><b>CHECK</b> |                             |        |
| Full Name of Contributor<br><b>SHARON M. WHALEY</b>      |                   |                                         |                                          |                             |        |
| Street Address<br><b>1831 ROXBURY RD.</b>                |                   |                                         |                                          | Registration Number, if PAC |        |
| Employer/Occupation/Labor Organization*                  |                   | M                                       | D                                        | Y                           | Amount |
|                                                          |                   | 1                                       | 0                                        | 3                           | 1      |
|                                                          |                   | 0                                       | 5                                        |                             |        |
|                                                          |                   | Amount<br><b>50.00</b>                  |                                          |                             |        |
| City<br><b>COLUMBUS</b>                                  | State<br><b>O</b> | Zip Code<br><b>43221</b>                | Form (Cash, Check, etc.)<br><b>CHECK</b> |                             |        |

\* 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)]

☒ 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**