

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

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>CITIZENS FOR RANKIN</b>					
Full Name of Contributor <b>RON KOLTOK</b>				Registration Number, if PAC	
Street Address <b>5 E. LONG ST.</b>		Employer/Occupation/Labor Organization* <b>KOLTOK &amp; GIBSON</b>		M <b>1</b>	D <b>0</b>
City <b>COLUMBUS</b>		State <b>O</b>	Zip Code <b>H 43215</b>	Y <b>1</b>	Amount <b>100.00</b>
				Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>KATHLEEN ADDLESBERGER</b>				Registration Number, if PAC	
Street Address <b>1336 CAROLYN AVENUE</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>
City <b>COLUMBUS</b>		State <b>O</b>	Zip Code <b>H 43224</b>	Y <b>1</b>	Amount <b>25.00</b>
				Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor <b>BARBARA G. FORD</b>				Registration Number, if PAC	
Street Address <b>595 E. DOMINION BLVD.</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>
City <b>COLUMBUS</b>		State <b>O</b>	Zip Code <b>H 43214</b>	Y <b>1</b>	Amount <b>50.00</b>
				Form (Cash, Check, etc.) <b>CHECK</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	

\* 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