

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Citizens for Rankin					
Full Name of Contributor Katherine Krauss Ryan				Registration Number, if PAC	
Street Address 1965 Upper Chelsea Road		Employer/Occupation/Labor Organization*		M D Y 1 0 3 1 0 5	Amount \$25.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeffrey T. Folkerth					
Street Address 2231 Oxford Road				Registration Number, if PAC	
Street Address 2231 Oxford Road		Employer/Occupation/Labor Organization* OH Disability Rts Law & Policy, Atty		M D Y 1 0 3 1 0 5	Amount \$50.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Melissa K. Hedden					
Street Address 2280 Brixton Road				Registration Number, if PAC	
Street Address 2280 Brixton Road		Employer/Occupation/Labor Organization* <i>Self - Melissa Hedden Designs, employed</i>		M D Y 1 0 3 1 0 5	Amount \$50.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kathy A. Panning					
Street Address 1990 Upper Chelsea Road				Registration Number, if PAC	
Street Address 1990 Upper Chelsea Road		Employer/Occupation/Labor Organization*		M D Y 1 0 3 1 0 5	Amount \$25.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jan E. Davis					
Street Address 2492 Edgevale Road				Registration Number, if PAC	
Street Address 2492 Edgevale Road		Employer/Occupation/Labor Organization*		M D Y 1 0 3 1 0 5	Amount \$25.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Diane Sturges					
Street Address 1622 Cambridge Blvd.				Registration Number, if PAC	
Street Address 1622 Cambridge Blvd.		Employer/Occupation/Labor Organization* Shadowlake Farm, Pres.		M D Y 1 0 3 1 0 5	Amount \$50.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sharon M. Whaley					
Street Address 1831 Roxbury Road				Registration Number, if PAC	
Street Address 1831 Roxbury Road		Employer/Occupation/Labor Organization* UA, Intervention Specialist		M D Y 1 0 3 1 0 5	Amount \$50.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 also 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.

\$0.00

\$0.00

Page Total \$ 275.00