Event Date	08-17-05
Page	is

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

	Prescribed by Seci	retary 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	Employer/Occi	upation/Labor Organization	* M D Y Am		
190 S. CASSINGHAM ROAD	Employen acco	Employer/Occupation/Labor Organization		ount = 0.0	
City	State	Zip Code	0 8 1 8 0 5 Form(Cash,Check,etc)	50.00	
BEXLEY	OLH	43209	CHECK		
Full Name of Contributor			Registration Number, if PAC		
CHERYL ROBERTO					
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Am	ount	
1927 TEWKSBURY RD.		COLUMBUS	_ 0 8 1 8 0 5	100.00	
COLLABOR	State	Zip Code	Form(Cash,Check,etc)		
COLUMBUS  Full Name of Contributor	OH	43221	CHECK		
MARGARET R. ASHBROOK			Registration Number, if PAC		
Street Address	Employer/Occur	notion (I about Owner in this t	M D Y Am	The state of the s	
2994 CRESCENT DRIVE	RETIREL	Employer/Occupation/Labor Organization*		ount	
City	State	Zip Code	0   8   1   8   0   5   Form(Cash,Check,etc)	100.00	
COLUMBUS	OLH	43204	CHECK		
ull Name of Contributor			Registration Number, if PAC		
CHRISTOPHER R. SCHRAFF			,,		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		ount	
1840 WALTHAM ROAD	PORTER	WRIGHT MORRIS	5 0 8 1 8 0 5	100.00	
CONTINUE C	State	Zip Code	Form(Cash,Check,etc)		
COLUMBUS ull Name of Contributor	O   H	43221	CHECK		
BECKY A. WESTERFELT			Registration Number, if PAC		
treet Address	Employer/Occur	nation / abox Oznasi-sticat	M D Y Amo		
161 S. BRINKER AVENUE	L L	Employer/Occupation/Labor Organization* HUCKLEBERRY HOUSE		ount 100.00	
ity	State	Zip Code	0   8   1   8   0   5   Form(Cash,Check,etc)	100.00	
COLUMBUS	OIH	43204	CHECK		
ull Name of Contributor			Registration Number, if PAC		
VICKI LEE DEISNER					
treet Address		oation/Labor Organization*	M D Y Amo	punt	
579 GRANT AVENUE		IRONMENTAL CO	0 0 8 1 8 0 5	100.00	
COLUMNIC	1 .	Zip Code	Form(Cash,Check,etc)		
COLUMBUS  Ill Name of Contributor	<u> </u>	43206	CHECK		
MARTIN SELTZER			Registration Number, if PAC		
treet Address	Employer/Occur	ostica (I abaa Oassai asia at	M D Y Amo	· · · · · · · · · · · · · · · · · · ·	
4860 RUSTIC BRIDGE ROAD	Employer/Occup	Employer/Occupation/Labor Organization*		unt ====================================	
ty	State	Zip Code	0 8 1 8 0 5 Form(Cash,Check,etc)	50.00	
COLUMBUS	O   H	43214	CHECK		

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 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
		<u> </u>

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)]