31-E R.C. 3517.10(B)

Event Date	10-21-05
Page	

Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full	Prescribed by Se	cretary or State 02/01				_	
CITIZENS FOR RANKIN							
Full Name of Contributor			Regist	ration N	umber, it	FPAC	
NEIL W. ROSENBERG					u		
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	
400 S. FIFTI I ST., SUTTE 102	ATTORNEY		THE		3 0 1 5		100.00
City	State	Zip Code		Cash,Ch			100.00
ÇOLUMBUS	<u> </u>	43215		CHE	ЭК		
Full Name of Contributor			Regist	ration N	umber, if	PAC	
VICKEY S. JEFFERSON							
Street Address	Employer/Occupation/Labor Organization*		М	0	Y	Amount	
7368 FAIRFIELD LAKES DRIVE	<u>.</u>				1015		35.00
City POWELL	State	Zip Code		Cash,Che			
Full Name of Contributor	0 1 11	43065		CHEC			
Less was 6 or Courseption			Regist	ration Na	amber, if	PAC	-
Street Address	Employer/Oct	Employer/Occupation/Labor Organization*		D	Ϋ́	Amount	 -
				1 1	11		
City .	State	Zip Code	Form(0	ash,Che	ck,etc)		
C. H. V		<u> </u>					
Full Name of Contributor			Registr	ation Nu	mber, if	PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Che	ck.etc)		
Full Name of Contributor			Registr	ation Nu	mber, if	PAC	
Street Address	Employer/Oco	M	١ ۵	γ . 	 		
	Linguityen	Employer/Occupation/Labor Organization*			Y	Amount	
Gty .	State	Zip Code	Form(C	ash,Che	ck,etc)		
Full Name of Contributor		<u> </u>					
rum varie di Contributor			Registra	ation Nu	mber, if	PAC	
Street Address	Employer/Occupation/Labor Organization*		М	D	Ϋ́	Amount	
					1		
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name of Contributor		<u> </u>	Registra	tion Nu	mber, if f	PAC	
]				
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*		D	Y	Amount	
uty	State	Zip Code	Form(C	ash,Cheo	k,etc)		
						-	

 $\ensuremath{\operatorname{Fill}}$ 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	
135.00	0,00	Page Total \$

^{*} 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(8)(4)]