

Event Date	08-31-05
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name of Contributor SI SOKOL				Registration Number, if PAC			
Street Address 2346 FISHINGER ROAD		Employer/Occupation/Labor Organization* BANCINSURANCE CORP.		M	D	Y	Amount
City COLUMBUS		State O	Zip Code 43221	0	8	0	250.00
				Form (Cash, Check, etc) CHECK			
Full Name of Contributor ERIC BECKER				Registration Number, if PAC			
Street Address 4380 BRAUNTON		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City UPPER ARLINGTON		State O	Zip Code 43220	0	8	3	25.00
				Form (Cash, Check, etc) CHECK			
Full Name of Contributor SEAN O'NEILL				Registration Number, if PAC			
Street Address BEST EFFORTS		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State I	Zip Code	0	9	0	5.00
				Form (Cash, Check, etc) CASH			
Full Name of Contributor KENNETH H. BOWEN				Registration Number, if PAC			
Street Address 106 S. KAVDENY ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS		State O	Zip Code 43209	0	9	0	25.00
				Form (Cash, Check, etc) CASH			
Full Name of Contributor JASON DAVIS				Registration Number, if PAC			
Street Address 1564 DOLEN AVENUE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS		State O	Zip Code 43212	0	9	0	50.00
				Form (Cash, Check, etc) CASH			
Full Name of Contributor NADINE SNIECHOWSKI				Registration Number, if PAC			
Street Address 242 KING AVE.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS		State O	Zip Code 43212	0	9	0	10.00
				Form (Cash, Check, etc) CASH			
Full Name of Contributor ERIN BYRNE				Registration Number, if PAC			
Street Address 1493 ASHLAND AVENUE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS		State O	Zip Code 43212	0	9	0	5.00
				Form (Cash, Check, etc) CASH			

* 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

1,966.00

Total expenditures this event

0.00

Page Total \$ 370.00