31-E R.C. 3517.10(B)

Event Date	07-14-05
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 02/01		
Name of Committee in Full				
CITIZENS FOR RANKIN				
Full Name of Contributor				· · · · · · · · · · · · · · · · · · ·
TERESA A. DAUGHERTY				
Street Address	Employer/Occi	ipation/Labor Organization*	M D Y Amount	-
539 WREXHAM AVE.			0 7 1 9 0 5	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
COLUMBUS	O H	43223	CHECK	
Full Name of Contributor			Registration Number, if PAC	<u> </u>
PATRICIA K. FROEHLICH			1	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
576 MAIN STREET			017 119 015	35.00
City	State	Zip Code	Form(Cash,Check,etc)	
GROVEPORT	O H	43125	CHECK	
Full Name of Contributor		<u></u>	Registration Number, if PAC	
RICHANNE M. ZYMKOSKI			1	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
2128 POPLAR STREET	1 ' '	JN CO. MUNICIPA	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	115.00
City	State	Zip Code	Form(Cash,Check,etc)	11,5.00
COLUMBUS	OLH	43207	CHECK	
Full Name of Contributor			Registration Number, if PAC	
LYLESAYLOR			ind gas of the indicate in the	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
417 W. 6TH AVENUE	'-'		0 7 1 9 0 5	25.00
City	State	Zip Code	Form(Cash,Check,etc)	25.00
COLUMBUS	отн	43201	CHECK	
ruli Name of Contributor	, 0 ,	2.000	Registration Number, if PAC	
MARY JO HUDSON			negotiation names, withe	
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount	
955 DELAWARE AVENUE	- p. c) 2.7, 0000	parora casor organization	0 7 1 9 0 5	50.00
City	State	Zio Code	Form(Cash,Check,etc)	50.00
COLUMBUS	0 1	43201	CHECK	
ull Name of Contributor	1 9.1 11	4.7201	Registration Number, if PAC	
JOSEPH L. MAS			registration number, if PAC	
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount	
206 HIAWATHA AVENUE	Cirpoyeii occu	A CALCA CAGALIZACIONI	0 7 1 9 0 5	20.00
iv = 50 in (() () () () () () () () ()	State	Zip Code	Form(Cash,Check,etc)	50.00
WESTERVILLE	OLH	43081	CHECK	
uli Name of Contributor	10111	45,001	Registration Number, if PAC	
JOHN W. SOWERS			Registration Number, it FAC	
treet Address	Employer/Occupation/Labor Organization*		M D Y Amount	
446 STANLEY AVENUE	2 spoyer/occus	second canor ordanization.	0 7 1 9 0 5	05.00
ity	Cook-	7-C-1-		25.00
COLUMBUS	State	Zip Code	Form(Cash,Check,etc)	
CCI.UMDUS	0 H	43206	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 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 \$	325.00

^{*} 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)]