31-E
R.C. 3517.10(B)

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						**Registration Number, if PAC**	
DAN C. HEADAPOHL							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
1252 HOPE AVE.				09	01	05	29.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
COLUMBUS	OH	43212	CHECK				
Full Name of Contributor						**Registration Number, if PAC**	
KELLEY FINAN							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
1032 PALMER ROAD				09	01	05	25.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
COLUMBUS	OH	43212	CHECK				
Full Name of Contributor						**Registration Number, if PAC**	
FRIENDS OF MARY LOU							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
209 S. FOURTH AVE., #315				09	01	05	25.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
COLUMBUS	OH	43215	CHECK				
Full Name of Contributor						**Registration Number, if PAC**	
RICHARD L. HAGGARD							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
936 RIVER RIDGE, P. O. BOX 307275				09	01	05	25.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
GAHANNA	OH	43230	CHECK				
Full Name of Contributor						**Registration Number, if PAC**	
JOHN A. GLEASON							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
7405 TOTTENHAM PL.				09	01	05	25.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
NEW ALBANY	OH	43054	CHECK				
Full Name of Contributor						**Registration Number, if PAC**	
JODI MAGUE							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
1260 E. CHOCTAW DR.				09	01	05	25.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
LONDON	OH	43140	CHECK				
Full Name of Contributor						**Registration Number, if PAC**	
VICKI E. LYDEN							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
6995 OLD BRIDGE LANE WEST				09	01	05	25.00
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**				
DUBLIN	OH	43016	CHECK				

* 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

Total expenditures this event

Page Total $ 179.00