

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 4/5/05
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Name of Committee in Full Citizens For Rankin				
Full Name of Contributor Thomas L. Long			Registration Number, if PAC	
Street Address 2565 Leeds Road	Employer/Occupation/Labor Organization* Baker & Hostetler, Atty		M D Y 0 4 0 6 0 5	Amount \$250.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor William W. Lamkin			Registration Number, if PAC	
Street Address 500 S. Front Street, Suite 200	Employer/Occupation/Labor Organization* LamkinVanEmanTrimble, Atty		M D Y 0 4 0 6 0 5	Amount \$250.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bill R. Hedrick			Registration Number, if PAC	
Street Address 838 Thurber Drive West, Apt. 22	Employer/Occupation/Labor Organization* City of Columbus, Attorney		M D Y 0 4 0 6 0 5	Amount \$50.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Marilyn P. Brown			Registration Number, if PAC	
Street Address 78 W. Hubbard Avenue	Employer/Occupation/Labor Organization* Franklin Co, Commisioner		M D Y 0 4 0 6 0 5	Amount \$50.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Otto Beatty, III			Registration Number, if PAC	
Street Address 600 S. Grant Avenue	Employer/Occupation/Labor Organization* Otto Beatty & Assoc, Atty		M D Y 0 4 0 6 0 5	Amount \$50.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ted Barrows			Registration Number, if PAC	
Street Address 4834 Sarasota Drive	Employer/Occupation/Labor Organization* FCMC, Judge		M D Y 0 4 0 6 0 5	Amount \$350.00
City Hilliard	State OH <input checked="" type="checkbox"/>	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Philip B. Kaufman			Registration Number, if PAC	
Street Address 341 S. Third Street, Suite 300	Employer/Occupation/Labor Organization* Self-employed, Attorney		M D Y 0 4 0 6 0 5	Amount \$150.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43215	Form (Cash, Check, etc.) Check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,150.00