31-F R.C. 3517.10

Event Date	3/31/05	
Page	18	

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

E COMPANY TO BUILD									
Name of Committee in Full									
CITIZENS FOR RANKIN		***********	EM	T 6	T V	I 4	***************************************		
To Whom Paid			M	D	1	Amount	240.00		
Plank's	I		0 3	3 1	0 5		260.00		
Address	Purpose								
743 Parsons Avenue	Food and beverages								
City		State Zip Code			Check Number				
Columbus	ОН	43215		173					
To Whom Paid			М	D	Y	Amount			
Address	Purpose	Purpose							
City	State	Zip Code	Check I	Number					
To Whom Paid			М	D	Υ	Amount			
Address	Purpose	Purpose							
City	State	Zip Code	Check I	Number					
To Whom Paid			М	D	Y	Amount			
Address	Purpose		1	<u>.i.,l</u>	L	·			
City	State	Zip Code	Check	Number					
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Address	Purpose				1	<u> </u>			
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City	State	State Zip Code			Check Number				
city	State	Zip code	Check	Turriber					
To Whom Paid			М	D	Y	Amount			
10 Whom Paid			"			Amount			
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Address	Purpose								
		T=: 0 1	To: L						
City	State	Zip Code	Check	Number					
					1				
To Whom Paid			M	D	Y	Amount			
						<u></u>			
Address	Purpose								
City	State	Zip Code	Check	Number					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	260.00