

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Thomas A. Rankin				Registration Number, if PAC	
Street Address 996 Poopy hills Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) check		Amount 500
Full Name of Contributor Joseph Thomas				Registration Number, if PAC	
Street Address 7719 Holderman Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Lewis Center	State OH	Zip Code 43035	Form (Cash, Check, etc.) check		Amount 500
Full Name of Contributor Stacey M. Giller				Registration Number, if PAC	
Street Address 3161 Summerwood Court	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Galena	State OH	Zip Code 43021	Form (Cash, Check, etc.) check		Amount 500
Full Name of Contributor Michael J. Kenney				Registration Number, if PAC	
Street Address 154 Cameron Ridge Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) check		Amount 500
Full Name of Contributor Frank J. Cipriano				Registration Number, if PAC	
Street Address 39 E. Whittier Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check		Amount 500
Full Name of Contributor Daniel M. Slane				Registration Number, if PAC	
Street Address 261 W. Johnstown Road	Employer/Occupation/Labor Organization* Attorney		M 1	D 0	Y 1305
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc.) check		Amount 500
Full Name of Contributor Newton L. Burris				Registration Number, if PAC	
Street Address 3526 Livmoor Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1305
City Columbus	State OH	Zip Code 43227	Form (Cash, Check, etc.) check		Amount 1,000

* 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

4,000.00
Page Total \$ 10.00