31-E R.C. 3517.10(B)

10-25-05
13

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/0

	Treachibed by Secre	etary or state 02/01					
Name of Committee in Full				_			
CITIZENS FOR RANKIN			In	A1 - **		W.C	
ull Name of Contributor		Registration Number, if PAC					
RICHARD D. TOPPER			 		1	Ta	
Street Address	Employer/Occupation/Labor Organization*		M	D alc	Y n I m	Amount	4.274.00
1500 W. THIRD AVE., SUITE 400	ATTORNEY				0 5	<u></u>	150.00
City CONTINUEDS	State	Zip Code 43215	1	ash,Chec THEC			
COLUMBUS Full Name of Contributor	OH	±3410			.i≒. mber, if F	PAC.	
Full Name of Contributor	r zerzen mzerr		negistra	auon Nui	muer, ir i	r AÇ	
COLUMBUS FRANKLIN COUNTY AF	Employer/Occupation/Labor Organization*		М	D		Amount	
Street Address	Employer/Occupation/Labor Organization*			2 6		ı	200.00
1545 ALUM CREEK DR. 2ND FLR	State	7in Code		$[\angle \bigcirc$ ash,Chec			anne, UU
COLUMBIS		Zip Code 43209		asn,Chec THEC			
COLUMBUS Full Name of Contributor	0 H	*340%			mber, if F	2AC	
Full Name of Contributor [EFF PORTMAN]			negistra	. GOLL NUI	ver, IT I	. A.	
JEFF FOR DMAIN Street Address	Employer/Ora	pation/Lahor Organization*	М	D	Y	Amount	
	Employer/Occupation/Labor Organization* PORTMAN FOLEY & FLINT		, ,	2 8			100.00
471 E. BROAD ST., SUITE 1820 City	State	Zip Code		ash,Chec	1 1		EDD/AM/
COLUMBUS	O H	43215	1	ZHEC			
Full Name of Contributor	1 1/1 11	As Canada and			mber, if f	PAC	
JOHN P. GILLIGAN					= 1, 11 1		į
Street Address	Employer/Occur	pation/Labor Organization*	М	D	Y	Amount	
250 WEST STREET		ENSTEIN ZOX DUN		ı	015	•	125.00
City	State	Zip Code		ash,Chec	1 .		
COLUMBUS	O H	43215		CHEC			
Full Name of Contributor	5.2				mber, if f	PAC	
JOHN C. MCDONALD							
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	
250 WEST STREET	SCHOTTENSTEIN ZOX DUN		1 0	1 .	0 5		125.00
City	State Zip Code			ash,Chec			
COLUMBUS	0 H	43215		HEC	K		
Full Name of Contributor			Registra	ition Nur	mber, if I	PAC	
JEFFREY D. PORTER							
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	
329 S RICHARDSON AVE.				2 8			100.00
City	State	Zip Code	1	ash,Chec			
COLUMBUS	O H	43204		<u> HEC</u>			
Full Name of Contributor			1 -		mber, if f	PAC	
COLS SHEET METAL WRKRS COMTE	<u>on pol edu</u>	JCA	OHIO)53			
Street Address	Employer/Occuj	Employer/Occupation/Labor Organization*		D	Y	Amount	
3035 LAMB AVE.				2 8		<u>L</u> _	350.00
City	State	Zip Code	Form(Ca	ash,Chec	ck,etc)		
COLUMBUS	O H	43219		HEC	<u>K</u> _		
* Populared for contributions from individuals over \$100 to stat	owide and appear	ecombly candidates. If contrib		.161			- than! · ·

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 \$1,150.00_

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employe 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)]