Event Date	09-17-05
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## Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full	Prescribed by Sec	retary of State 02/01		
CITIZENS FOR RANKIN				
Full Name of Contributor				
SARA E. ERNEST	Registration Number, if PAC			
Street Address	Employer/Occ	upation/Labor Organization*	M D Y Amount	
271 S. CHAMPION AVE.	Employer/Occi	upation/Labor Organization*	- I mount	90.00
City	State	Zip Code	0 9 2 7 0 5	20.00
COLUMBUS		43205	Form(Cash,Check,etc)	
Full Name of Contributor	O   H	40200	CHECK	
RUSSELL GOODWIN			Registration Number, if PAC	
Street Address	Employer/Occu	upation/Labor Organization*	M D Y Amount	
103 E. FIRST AVE.	Employer/Occi.	ipation/ Cabor Organization*		20.00
City	State	Zip Code		20.00
COLUMBUS		f '	Form(Cash,Check,etc)	
Full Name of Contributor	O   H	43201	CHECK	
DWIGHT E. GARNER			Registration Number, if PAC	
Street Address	Employer/Occu		<u> </u>	
895 BEECH ST.	employer/occi	ipation/Labor Organization	M D Y Amount	10.00
City	State	Zip Code	0 9 2 7 0 5	40.00
COLUMBUS	OLH	43206	Form(Cash,Check,etc) CHECK	
Full Name of Contributor		*:0200	Registration Number, if PAC	
CATHLEEN A. JOHNSTON			registration Number, if PAC	
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
809 BEECH ST.	Employer/ occu	pation/ cabor Organization	0 9 2 7 0 5	20.00
City	State	Zip Code	Form(Cash,Check,etc)	20.00
COLUMBUS	O I H	43206	CHECK	
Full Name of Contributor		1	Registration Number, if PAC	
COMMITTEE FOR EMILY KREI	DER		Registration Number, if PAC	
Street Address		pation/Labor Organization*	M D Y Amount	
11 TRIESTA PLACE	Lpioyoi, 0000	pation casor organization	0 9 2 7 0 5	20.00
City	State	Zip Code	Form(Cash,Check,etc)	20.00
WESTERVILLE	ОН	43081	CHECK	
Full Name of Contributor		10001	Registration Number, if PAC	
JOHN J. MANNING			ing. cration ranker, with	
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount	
204 REINHARD AVE.			0 9 2 7 0 5	20.00
City	State	Zip Code	Form(Cash,Check,etc)	2.0.00
COLUMBUS	OLH	43206	CHECK	
Full Name of Contributor	<u> </u>		Registration Number, if PAC	
LINDA A. WELCH			3	
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount	<del></del>
75 EBNER ST.		•	0 9 2 7 0 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	50.00
COLUMBUS		·		
COLUMBUS	1	43206	CHECK	

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		
580.00	0.00	Page Total \$19(),()()	

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)]