Event Date	3/31/05
Page	18
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full					
CITIZENS FOR RANKIN					
To Whom Paid			MD	Y Amou	mt
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743 Parsons Avenue	Food and	beverages			
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Address	Purpose				
City	State	State Zp Code			
To Whom Paid		J.,	м р	Y Amour	nt
Address	Purpose				
City	State	Z:p Code	Check Number		
		<u></u>			

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