31-E R.C. 3517.10(B)

Event Date	10-21-05
Page	

## **Statement of Contributions Received** at a Social or Fundraising Event

Name of Committee in Full	Treactional by Sect	etary of State 02701			
CITIZENS FOR RANKIN					
Full Name of Contributor			Registration Number, if PAC		
NEIL W. ROSENBERG				•	
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	•
400 S. FIFTH ST., SUTTE 102	ATTORN	ATTORNEY		0   5	100.00
City	State	Zip Code	Form(Cash,Chec		
ÇOLUMBUS	- Го Г Н	43215	CHEC	K	
Full Name of Contributor			Registration Nur	nber, if PAC	
VICKEY S. JEFFERSON					
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		Y Amount	
7368 FAIRFIELD LAKES DRIVE				0   5	35.00
City	State	Zip Code	Form(Cash,Chec		
POWELL	0 1 11	43065	CHEC		
Full Name of Contributor			Registration Nur	mber, if PAC	
Street Address	Employer/Occu	pation/Labor Organization*	M D	Y Amount	
	` `				
City	State	Zip Code	Form(Cash,Chec	k,etc)	
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	
ou occ / wai coo	Employen Geec	potion, capor organization			
City	State	Zip Code	Form(Cash,Chec	k.etc)	
			, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name of Contributor	1 1		Registration Nur	nber, if PAC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		Y Amount	100 2
City	State	Zip Code	Form(Cash,Chec	k,etc)	
Full Name of Contributor	***		Registration Nur	nber, if PAC	
Street Address	Employer/Occu	pation/Labor Organization*	M I D	Y Amount	
	2	patient and a gament		1	
City	State	Zip Code	Form(Cash,Chec	k.etc)	
•	i i	ļ '			
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registration Nur	mber, if PAC	
Street Address	Employer/O	unation / labor Organization*	M D	Y Amount	
Prieer Variess	Employer/Occupation/Labor Organization*			Amount	
City	State	Zip Code	Form(Cash,Chec	k,etc)	
		'			
* Required for contributions from individuals over \$100 to s	statewide and general a	assembly candidates. If contril	butor is self-emplo	yed, occupation ra	ther than employe

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 \$	135.00
135.00	0.00		

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)]