

FOR PAPER FILING ONLY

Statement of Contributions Received

at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 4/5/05
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|---|--|---|-------------------|--------------------------------------|--------------------|
| Name of Committee in Full Citizens For Rankin | | | | | |
| Full Name of Contributor Baker & Hostetler LLP PAC | | | | Registration Number, if PAC OH125 | |
| Street Address 3200 National City Center | | Employer/Occupation/Labor Organization* | | M 0 | D 4 |
| City Cleveland | | State OH | Zip Code 44114 | Y 0 | Amount \$500.00 |
| Full Name of Contributor D. Lee Johnson | | | | Registration Number, if PAC | |
| Street Address 3335 Meijer Drive, Suite 200 | | Employer/Occupation/Labor Organization* Johnson & Associates, Attorney | | M 0 | D 4 |
| City Toledo | | State OH | Zip Code 43617 | Y 0 | Amount \$250.00 |
| Full Name of Contributor Bernard M. Floetker | | | | Registration Number, if PAC | |
| Street Address 1295 S. High Street | | Employer/Occupation/Labor Organization* Self-employed, Attorney | | M 0 | D 4 |
| City Columbus | | State OH | Zip Code 43206 | Y 0 | Amount \$50.00 |
| Full Name of Contributor Barry H. Wolinetz | | | | Registration Number, if PAC | |
| Street Address 2785 Powell | | Employer/Occupation/Labor Organization* Wolinetz Law Office, Atty | | M 0 | D 4 |
| City Bexley | | State OH | Zip Code 43209 | Y 1 | Amount \$250.00 |
| Full Name of Contributor Frank L. Demos | | | | Registration Number, if PAC | |
| Street Address 7370 Sawmill Road | | Employer/Occupation/Labor Organization* Demos & Assoc, Dentist | | M 0 | D 4 |
| City Columbus | | State OH | Zip Code 43235 | Y 1 | Amount \$250.00 |
| Full Name of Contributor Bricker & Eckler LLP State Political Action Committee | | | | Registration Number, if PAC OH821 | |
| Street Address 100 S. Third Street | | Employer/Occupation/Labor Organization* | | M 0 | D 4 |
| City Columbus | | State OH | Zip Code 43215 | Y 1 | Amount \$250.00 |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D |
| City | | State | Zip Code | Y | Amount |

* 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

Page Total \$ 1,550.00