31-E R.C. 3517.10(B)

Event Date	10-11-05		
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

CITIZENS FOR RANKIN Full Name of Contributor			
			Registration Number, if PAC
DIANE VANDERVOORT			
treet Address	Employer/Occ	cupation/Labor Organization*	M D Y Amount
1905 LYTHAM ROAD			1 0 1 4 0 5 40.00
ity COLLADASC	State	Zip Code	Form(Cash,Check,etc)
COLUMBUS ull Name of Contributor	O H	43220	CHECK
KENNETH J. GRIFFITHS			Registration Number, if PAC
treet Address	Employer/Oo	cupation/Labor Organization*	
1115 NEIL AVENUE	Employer/Occ	upation/Labor Organization*	M D Y Amount 1 0 2 0 0 5 50.00
ity	State	Zip Code	1 0 2 0 0 5 50.00 Form(Cash,Check,etc)
COLUMBUS	OLH	h '	CHECK
ull Name of Contributor		distributed by the	Registration Number, if PAC
treet Address	Employer/Occ	upation/Labor Organization*	M D Y Amount
ity	State	Zip Code	Form(Cash,Check,etc)
ull Name of Contributor			Registration Number, if PAC
treet Address	Employer/Occ	upation/Labor Organization*	M D Y Amount
		· -	
ty	State	Zip Code	Form(Cash,Check,etc)
Ill Name of Contributor			Registration Number, if PAC
			Registration Number, if PAC
reet Address	Employer/Occ	upation/Labor Organization*	M D Y Amount
ity	State	Zip Code	Form(Cash,Check,etc)
		- P 0000	i omi(casi,check,etc)
Il Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
reet Address	Employer/Occ	upation/Labor Organization*	M D Y Amount
	Employer/occ	upation/ Labor Organization	M D Y Amount
ty	State	Zip Code	Form(Cash,Check,etc)
		,	
ll Name of Contributor		Registration Number, if PAC	
reet Address	Employer/One		
reet Address	Employer/Occi	upation/Labor Organization*	M D Y Amount
reet Address	Employer/Occi	upation/Labor Organization* Zip Code	M D Y Amount Form(Cash,Check,etc)