

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 Michael L. Silberstein				Registration Number, if PAC	
Street Address 1088 Fountain Lane, Apt. F.		Employer/Occupation/Labor Organization* NW Mutual, Financial Rep		M 0	D 3
City Columbus		State OH	Zip Code 43229	Y 4	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Anthony M. Cafaro, Sr.					
Street Address 2445 Belmont Avenue				Registration Number, if PAC	
City Youngstown		Employer/Occupation/Labor Organization* Cafaro Company, President		M 0	D 4
State OH		Zip Code 44504	Y 0	Amount \$250.00	
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Roger Guglielmo					
Street Address 4226 Euclid Blvd.				Registration Number, if PAC	
City Youngstown		Employer/Occupation/Labor Organization* Cafaro Co, Collections Mgr		M 0	D 4
State OH		Zip Code 44512	Y 0	Amount \$100.00	
				Form (Cash, Check, etc.) Check	
Full Name of Contributor John H. Provanzana					
Street Address 304 Delegate Drive				Registration Number, if PAC	
City Worthington		Employer/Occupation/Labor Organization* Retired, Not employed		M 0	D 4
State OH		Zip Code 43235	Y 0	Amount \$100.00	
				Form (Cash, Check, etc.) Check	
Full Name of Contributor James R. Havens					
Street Address 141 E Town Street				Registration Number, if PAC	
City Columbus		Employer/Occupation/Labor Organization* Havens Limited, Attorney		M 0	D 4
State OH <input checked="" type="checkbox"/>		Zip Code 43215	Y 0	Amount \$250.00	
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Donald DeSalvo					
Street Address 3500 S. Meridian, No. 755				Registration Number, if PAC	
City Puyallup		Employer/Occupation/Labor Organization* Cafaro Co., Partner		M 0	D 4
State WA <input checked="" type="checkbox"/>		Zip Code 98373	Y 0	Amount \$250.00	
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Allen J. Reis					
Street Address 3250 Knoll Drive				Registration Number, if PAC	
City Columbus		Employer/Occupation/Labor Organization* WeltmanWeinburgReisAtty		M 0	D 4
State OH <input checked="" type="checkbox"/>		Zip Code 43230	Y 0	Amount \$250.00	
				Form (Cash, Check, etc.) Check	

* 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

\$5,000.00

Total expenditures this event.

\$94.72

Page Total \$ 1,450.00