

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
Page 13

Name of Committee in Full Citizens For Rankin					
Full Name of Contributor Richanne M. Zymkoski			Registration Number, if PAC		
Street Address 2128 Poplar Street	Employer/Occupation/Labor Organization* FCCP, Bailiff	M 0	D 4	Y 05	Amount \$100.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43207	Form (Cash, Check, etc.) Check		
Full Name of Contributor Carol A. Wright			Registration Number, if PAC		
Street Address 318 Berger Alley	Employer/Occupation/Labor Organization* Federal Public Defender South District Ohio, Attorney	M 0	D 4	Y 05	Amount \$100.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43206	Form (Cash, Check, etc.) Check		
Full Name of Contributor Barry Wilford			Registration Number, if PAC		
Street Address 481 E. Sycamore Street	Employer/Occupation/Labor Organization* KuraWilfordSchregardusAtty	M 0	D 4	Y 05	Amount \$50.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43206	Form (Cash, Check, etc.) Check		
Full Name of Contributor Stephanie C. Ulrey			Registration Number, if PAC		
Street Address 2604 Queensway Drive	Employer/Occupation/Labor Organization* Best Efforts	M 0	D 4	Y 05	Amount \$150.00
City Grove City	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Form (Cash, Check, etc.) Check		
Full Name of Contributor Thomas C. Tootle			Registration Number, if PAC		
Street Address 5971 Hildenboro Drive	Employer/Occupation/Labor Organization* Tootle Law Office, Attorney	M 0	D 4	Y 05	Amount \$250.00
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	Form (Cash, Check, etc.) Check		
Full Name of Contributor Angie Brown			Registration Number, if PAC		
Street Address 789 Northwest Blvd.	Employer/Occupation/Labor Organization* Self-employed, Attorney	M 0	D 4	Y 05	Amount \$100.00
City Columbs	State OH <input checked="" type="checkbox"/>	Zip Code 43212	Form (Cash, Check, etc.) Check		
Full Name of Contributor Stephen A. Santangelo			Registration Number, if PAC		
Street Address 5873 Rothesay Court	Employer/Occupation/Labor Organization* WeltmanWeinbergReisAtty	M 0	D 4	Y 05	Amount \$100.00
City Dublin	State OH <input checked="" type="checkbox"/>	Zip Code 43017	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 850.00