31-E R.C. 3517.10(B)

06/01/05
9

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

	Prescribed	by Secre	etary of State 02/01					
Name of Committee in Full								
CITIZENS FOR RANKIN		-		Inociet :	stine Mr.	mho= :F	DAC	
Full Name of Contributor					ation Nul	mber, if I	FAC	
MARK A. SERROTT	Emmle	or/Oss	nation / I abor Organization*	М	D	Y	Amount	
Street Address	Employer/Occupation/Labor Organization*				0 1	1	Amount	100.00
789 NORTHWEST BLVD., A			17:- C-4-		ash,Chec			100.00
COLLIMBLIC		ate	Zip Code 43212	1	asn,ched CHEC			
COLUMBUS	0	H	43212			mber, if I	24.0	
Full Name of Contributor				Registra	ation inui	mber, ii i	PAC	
E. REILLEY FORMAN	Ir	/0	- ation / about Organization*	М	D	Y	Amount	
Street Address	Employer/Occupation/Labor Organization*			0 6	1	1	Amount	50.00
481 WHITNEY AVENUE								30.00
City	State Zip Code			Form(Cash,Check,etc) CHECK				
WORTHINGTON	0	Н	43085			mber, if I	DAC	
Full Name of Contributor				Registra	acion ivui	mber, ir i	rAC	
ALLEN J. REIS	Frantos	or/0000	pation/Labor Organization*	м	D	Y	Amount	
Street Address	Employ	er/Occup	bation/Labor Organization"	0 6	l .	1	Amount	100.00
3250 KNOLL DRIVE		ate	Zip Code		ash,Ched	1		100.00
City GAHANNA		i H	43230	1 '	ZHEC			
Full Name of Contributor	0	1.1.	70400			mber, if	PAC	
				Registra	ation Nui	inber, ir	MC	
ALEXANDER SPATER Street Address	Employ	or/Occur	nation / shor Organization*	М	D	ΤΥ	Amount	
	Employer/Occupation/Labor Organization*					0   5	Aniount	50.00
565 E. TOWN STREET		ate	Zip Code		ash,Ched			50.00
COLUMBUS		H H	43215		CHEC			
Full Name of Contributor	10	.1.1.	*52.13			mber, if	ΡΔC	
LARRY EZELL				Registre	acion i vai	ilibel, il	1,70	
Street Address	Employer/Occupation/Labor Organization*			<del> </del> M	D	ΙΥ	Amount	
500 S. FRONT ST., SUITE 102	Employer/Occupation/Labor Organization			016	Ι.	1 .	I .	50.00
Gity 31.7 3011E 102	State Zip Code				ash,Chec	I		30.00
COLUMBUS		H	43215	1	CHEC			
Full Name of Contributor	10		10/2010	1		mber, if	PAC	
PHILIP B. KAUFMAN								
Street Address	Employer/Occupation/Labor Organization*			м	D	ΙÝ	Amount	
341 S. THIRD STREET, SUITE 300	[2p.0)	0.7 0 0 0 0 0 0		016	1 .	0 5		50.00
City	St	ate	Zip Code		ash,Ched			
COLUMBUS		Н	43215		CHEC			
Full Name of Contributor						mber, if	PAC	
CAROL A, WRIGHT				"				
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount	
318 BERGER ALLEY	,			0 6	0   1	0 5		25.00
City	St	ate	Zip Code		ash,Chec			
COLUMBUS		H	43206		CHEC	K		
* Required for contributions from individuals over \$100 to state	wide and o	eneral a	ssembly candidates. If contrib	outor is se	elf-emplo	oved. oc	cupation rathe	r than emplover

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 \$	425.00

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)]