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

Name of Committee in Full							
CITIZENS FOR RANKIN							
Full Name of Contributor						**Registration Number, if PAC**	
PETER KORDA							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
410 N. COLUMBIA AVE.	OHIO STATE UNIV.			10	12	05	100.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
BEXLEY	OH	43209		CHECK			
Full Name of Contributor						**Registration Number, if PAC**	
RICHARD D. FREDECKER							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
8904 FINLAIRIG DRIVE	MODERN EXTERIORS			10	12	05	150.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
DUBLIN	OH	43017		CHECK			
Full Name of Contributor						**Registration Number, if PAC**	
KRISTEN L. BROWN							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
1489 OAKBOURNE ROAD	SQUIRE SANDERS & DEMPS			10	12	05	200.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
WORTHINGTON	OH	43235		CHECK			
Full Name of Contributor						**Registration Number, if PAC**	
PHILOMENA M. DANE							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
4250 ROWANNE RD.	SQUIRE SANDERS & DEMPS			10	12	05	200.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
COLUMBUS	OH	43214		CHECK			
Full Name of Contributor						**Registration Number, if PAC**	
SI SOKOL							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
2346 FISHINGER ROAD	BANCINSURANCE CORP.			10	12	05	200.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
COLUMBUS	OH	43221		CHECK			
Full Name of Contributor						**Registration Number, if PAC**	
NANCY K. WONNELL							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
330 S. HIGH ST.				10	12	05	50.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
COLUMBUS	OH	43215		CHECK			
Full Name of Contributor						**Registration Number, if PAC**	
THOMAS V. MAXWELL							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
1020 OREGON AVENUE				10	14	05	35.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
COLUMBUS	OH	43201		CHECK			

* Required for contributions from individuals over $100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 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

Total expenditures this event

Page Total $ 935.00