Event Date	: 3/31/05
Page	18

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full				•			
CITIZENS FOR RANKIN				,			
To Whom Paid			M	D.	Y	Amount	
Plank's			0 3	3 1	10[5	l	260.00
Address	Purpose						
743 Parsons Avenue		beverages		Number			
City	l .	State Zip Code O H 43215					
	Columbus O H			173			
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	1 1						
To Whom Paid	<u> </u>	-1	М	D	Y	Amount	
					1	1	
Address	Purpose			·'			
lity	State	Zip Code	Check N	tumber			
		1					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

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Page Total \$	260.00	