Event Date	06/01/05
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## **Statement of Contributions Received** at a Social or Fundraising Event

	Prescribed by Se	cretary of State 02/01				
Name of Committee in Full						
CITIZENS FOR RANKIN						
Full Name of Contributor			Registration Number,	Registration Number, if PAC		
BRENDA S. STERN		· · · · · · · · · · · · · · · · · · ·	M D Y			
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*			0= 00	
2416 WYNCOURTNEY COURT		1	0 6 0 1 0		25.00	
City	State	Zip Code	Form(Cash,Check,etc	:)		
POWELL	O F	I 43065		CHECK		
Full Name of Contributor	TIID ADI	TTT DUD ADAG	Registration Number,	IF PAC		
VORYS SATER SEYMOUR AND PEAS			M D Y			
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*		Amount 5	100.00	
52 E. GAY STREET	- Charles	Charles Tim Code			100.00	
COLLIMBUC	State	Zip Code	Form(Cash,Check,etc CHECK	:)		
COLUMBUS Full Name of Contributor	0 1	1 43215	Registration Number,	if DAC		
			Registration Number,	H PAC		
JOHN P. JOHNSON II	Empleyes (0-	cupation / abor Organization+	M D Y	Amount		
Street Address	Employer/Oc	cupation/Labor Organization*	0 6 0 1 0		50.00	
567 SPRING BRK E.	State	Zip Code	Form(Cash,Check,etc		30.00	
City WESTERVILLE	O	1	CHECK	.)		
Full Name of Contributor	1011	1 -25001.	Registration Number,	if PAC		
SUSAN E. ASHBROOK			negistration Number,	, III r AC		
Street Address	Employer/Oc	cupation/Labor Organization*	MDY	Amount		
2994 CRESCENT DR.	Employerroe	capacion, capor organizacion	0 6 0 1 0	1	100.00	
City	State	Zip Code	Form(Cash,Check,etc		100.00	
COLUMBUS	OLF	_     '	CHECK			
Full Name of Contributor			Registration Number,	if PAC		
EILEEN Y. PALEY						
Street Address	Employer/Oc	cupation/Labor Organization*	M D Y	Amount		
668 BELLAMY PL.				5	50.00	
City	State	Zip Code	Form(Cash,Check,etc			
COLUMBUS	OIE	1 43213	CHECK			
Full Name of Contributor			Registration Number,	if PAC		
MICHAEL T. WEDEKIND						
Street Address	Employer/Oc	cupation/Labor Organization*	M D Y	Amount		
4397 COHAGEN CROSSING DR.			0 6 0 1 0	5	30.00	
City	State	Zip Code	Form(Cash,Check,etc	:)		
NEW ALBANY	OF	H 43054	CHECK			
Full Name of Contributor			Registration Number,	if PAC	·	
CHERYL L. ROBERTO						
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*		Amount		
19 <b>27</b> TEWKSBURY ROAD			0 6 0 1 0	5	50.00	
City	State	Zip Code	Form(Cash,Check,etc	:)		
COLUMBUS	O   F	H 43221	CHECK			
* Paguired for contributions from individuals over \$100 to st	staviida and ganara	l accombly candidates. If cont	ributor is self-employed	occupation rathe	r than employer	

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

Total contributions this event	Total expenditures this event		
		Page Total \$	405.00

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)]