

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Rankin						Registration Number, if PAC	
Full Name of Contributor Richard D. Topper						Registration Number, if PAC	
Street Address 1500 W. Third Ave., Suite 400		Employer/Occupation/Labor Organization* Attorney Law office of Richard Topper,		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	1	0	2	\$150.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Columbus Franklin County AFL CIO PCE						Registration Number, if PAC	
Street Address 1545 Alum Creek Drive, 2nd Floor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43209	1	0	2	\$200.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeff Portman						Registration Number, if PAC	
Street Address 471 E. Broad Street, Suite 1820		Employer/Occupation/Labor Organization* Attorney PortmanFoleyFlint, Attorney		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	1	0	2	\$100.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor John P. Gilligan						Registration Number, if PAC	
Street Address 250 West Street		Employer/Occupation/Labor Organization* Attorney SchottensteinZoxDunn,		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	1	0	2	\$125.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor John C. McDonald						Registration Number, if PAC	
Street Address 250 West Street		Employer/Occupation/Labor Organization* Attorney SchottensteinZoxDunn,		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	1	0	2	\$125.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeffrey D. Porter						Registration Number, if PAC	
Street Address 329 S. Richardson Avenue		Employer/Occupation/Labor Organization* Attorney KeglerBrownHillRitter,		M	D	Y	Amount
City Columbus		State OH	Zip Code 43204	1	0	2	\$100.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Columbus Sheet Metal Workers Committee on Political Education						Registration Number, if PAC OH1053	
Street Address 3035 Lamb Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43219	1	0	2	\$350.00
				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 \$ \$1,150.00