

FOR PAPER FILING ONLY

Statement of Contributions Received

at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 3/31/05
Page 10

Name of Committee in Full Citizens For Rankin				
Full Name of Contributor Ed Leonard			Registration Number, if PAC	
Street Address 373 S. High Street	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 0 5	Amount \$25.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Eileen Paley			Registration Number, if PAC	
Street Address 373 S. High Street	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 0 5	Amount \$25.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Marilyn Brown			Registration Number, if PAC	
Street Address 34 W. Poplar	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 0 5	Amount \$25.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Cash	
Full Name of Contributor William Anthony			Registration Number, if PAC	
Street Address 271 E. State Street	Employer/Occupation/Labor Organization* Franklin Co. BOE, Director		M D Y 0 3 3 1 0 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor William P. DeMora			Registration Number, if PAC	
Street Address 100 Warren Street	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 0 5	Amount \$25.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Laura J. Stehle			Registration Number, if PAC	
Street Address 2573 Quarry Lake Drive	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 0 5	Amount \$25.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael S. Kolman			Registration Number, if PAC	
Street Address 6287 Char-Mar Drive	Employer/Occupation/Labor Organization*		M D Y 0 3 3 1 0 5	Amount \$25.00
City Westerville	State OH	Zip Code 43082	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.

\$260.00

Page Total \$ 250.00