31-E
R.C. 3517.10(B)

Event Date 09-21-05
Page 30

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**	
TOKI M. CLARK					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
233 S. HIGH ST.				10 07 05	75.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
COLUMBUS	OH	43215		CHECK	
Full Name of Contributor				**Registration Number, if PAC**	
CHRISTOPHER J. MINNILLO					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
1500 W. THIRD AVE. SUITE 400				10 07 05	75.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
COLUMBUS	OH	43212		CHECK	
Full Name of Contributor				**Registration Number, if PAC**	
E. SCOTT SHAW					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
500 S. FRONT ST. SUITE 130				10 07 05	75.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
COLUMBUS	OH	43215		CHECK	
Full Name of Contributor				**Registration Number, if PAC**	
RICHARD S. KETCHAM					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
755 S. HIGH ST.				10 07 05	75.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
COLUMBUS	OH	43215		CHECK	
Full Name of Contributor				**Registration Number, if PAC**	
KEVIN DURKIN					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
471 E. BROAD ST SUITE 1100				10 07 05	75.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
COLUMBUS	OH	43215		CHECK	
Full Name of Contributor				**Registration Number, if PAC**	
DONALD C. SCHUMACHER					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
755 S. HIGH STREET				10 07 05	75.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
COLUMBUS	OH	43215		CHECK	
Full Name of Contributor				**Registration Number, if PAC**	
JON TYACK					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
536 S. HIGH ST.				10 07 05	75.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
COLUMBUS	OH	43215		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 $ 525.00