

## 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 PETER KORDA				Registration Number, if PAC	
Street Address 410 N. COLUMBIA AVE.	Employer/Occupation/Labor Organization* OHIO STATE UNIV.		M 1	D 0	Y 10/11/05
City BEXLEY	State O   H	Zip Code 43209	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor RICHARD D. FREDECKER				Registration Number, if PAC	
Street Address 8904 FINLALRIG DRIVE	Employer/Occupation/Labor Organization* MODERN EXTERIORS		M 1	D 0	Y 10/11/05
City DUBLIN	State O   H	Zip Code 43017	Form(Cash,Check,etc) CHECK		Amount 150.00
Full Name of Contributor KRISTEN J. BROWN				Registration Number, if PAC	
Street Address 1489 OAKBOURNE ROAD	Employer/Occupation/Labor Organization* SQUIRE SANDERS & DEMPSEY		M 1	D 0	Y 10/11/05
City WORTHINGTON	State O   H	Zip Code 43235	Form(Cash,Check,etc) CHECK		Amount 200.00
Full Name of Contributor PHILOMENA M. DANE				Registration Number, if PAC	
Street Address 4250 ROWANNE RD.	Employer/Occupation/Labor Organization* SQUIRE SANDERS & DEMPSEY		M 1	D 0	Y 10/11/05
City COLUMBUS	State O   H	Zip Code 43214	Form(Cash,Check,etc) CHECK		Amount 200.00
Full Name of Contributor SI SOKOL				Registration Number, if PAC	
Street Address 2346 FISHINGER ROAD	Employer/Occupation/Labor Organization* BANCINSURANCE CORP.		M 1	D 0	Y 10/11/05
City COLUMBUS	State O   H	Zip Code 43221	Form(Cash,Check,etc) CHECK		Amount 200.00
Full Name of Contributor NANCY K. WONNELL				Registration Number, if PAC	
Street Address 330 S. HIGH ST.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 10/11/05
City COLUMBUS	State O   H	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor THOMAS V. MAXWELL				Registration Number, if PAC	
Street Address 1020 OREGON AVENUE	Employer/Occupation/Labor Organization*		M 1	D 0	Y 10/11/05
City COLUMBUS	State O   H	Zip Code 43201	Form(Cash,Check,etc) CHECK		Amount 35.00

\* 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 \$ 935.00