31-F R.C. 3517.10

Event Date	4/5/05
Page	19

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							
CITIZENS FOR RANKIN							
To Whom Paid			М	D	Υ	Amount	
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Address	Purpose						
City	State	Zip Code	Check	Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	94.72
