31-E R.C. 3517.10(B)

Event Date	10-25-05
Page	35

Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full	- rescribed by	æu	etaly of State 02701					
CITIZENS FOR RANKIN								
Full Name of Contributor				Pagict	ration N	umber, if	DAC.	
JAMES V. MANIACE				negau	12000	ussuer, u	PAC	
Street Address	Employer/	Occu	pation/Labor Organization*	 	Т	Ϋ́	Amount	
155 W. MAIN ST., #605		CHESTER WILLCOX & SAXE						100.00
City	State	,	Zip Code			eck,etc)		100.00
COLUMBUS	01	H	43215		CHE			
Full Name of Contributor						ımber, if	PAC	<u> </u>
MICHAEL T. GUNNER								
Street Address	Employer/	pation/Labor Organization*	м	T D	T Y	Amount		
3535 FISHINGER ROAD, #220			•	1110		015		50.00
City	State		Zip Code					30.00
COLUMBUS	101	[-]	43215	Form(Cash,Check,etc) CI-IECK				
Full Name of Contributor		_				ımber, if	PAC	
JANET GRUBB				1.09.50.		meer, a	7	
Street Address	Employer/0	Эссир	pation/Labor Organization*	M	Ō	Y	Amount	
4062 GEORGESVILLE RD.	1 .			1		0 5	ATTROURT.	50.00
City	State		Zip Code	Form(C				50.00
GROVE CITY	101	H	43123	1	HEC			
Full Name of Contributor	· ·					mber, if	PAC	
JAMES B. FEIBEL	·			-3				
Street Address	Employer/0	и	Б	ΙΥ	Amount			
88 E. BROAD ST., SUITE 900	h					0 5	-Milliant	00.001
City				Form(Ca				100.00
COLUMBUS	[0]	-1	43215	1 .	HEC			
Full Name of Contributor						nber, if P	AC	
PAMELA E. HYKES O'GRADY				•				
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
3682 RIDGEWOOD DRIVE	, , , , , , , , , , , , , , , , , , , ,		_	امليا		015	, and and	100.00
City	State		Zip Code	Form(Ca	sh.Chec	k.etc)		100.00
HILLIARID	1011	i	43026		HEC			
Full Name of Contributor				Registrat			AC	
				Ů				
Street Address	Employer/Oc	ation/Labor Organization*	М	D	Υ	Amount		
	- 1							
City	State		Zip Code	Form(Cas	sh,Chec	k,etc)		
		-		-				
ull Name of Contributor				Registrat	ion Nun	ber, if PA	AC	
				Ĭ			-	
treet Address	Employer/Oc	Employer/Occupation/Labor Organization*				Y	Amount	
	i		-			1		
йty	State	Z	Zip Code	Form(Cas	sh.Checi	(.etc)		
<u> </u>				.,-2-		,		
Required for contributions from individuals over \$100 to s	ttatewide and neneral	1 2004	ombhreandidatac if coordin	:w				

Fillin	the	boxes	below	only	QΠ	the	last	page	for	this	even	Ł
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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	
400.00	0.00	Page Total \$ 400.00

^{*} 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)]