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Event Date	8/7/04
Page	පි

Statement of Contributions Received at a Social or Fundraising Event

Iv. 12-11	Prescribed by S	ecretary of State 02/01			
Name of Committee in Full	·- 				
Citizens for Rankin					
			Registration Number, if PAC	Registration Number, if PAC	
Sleiman Smaili Street Address					
	Employer/O	cupation/Labor Organization			
2257 Hedgerow Rd. Apt. C			1 0 0 1 0 4	50.00	
Columbus	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor	O F	H 43220	check		
Bakht Quraish			Registration Number, if PAC		
Street Address	10				
2066 Lytham Rd.	Employer/Oc	cupation/Labor Organization			
City			1 0 0 1 0 4	50.00	
Columbus	State	Zp Code	Form(Cash,Check,etc)		
Full Name of Contributor	O F	43220	check		
Emma Eileen Shihab			Registration Number, if PAC		
Street Address	15-1-10			<u> </u>	
6618 Traquair Pl.	Employer/Uc	cupation/Labor Organization*	1 1 1		
Gty			1 0 0 1 0 4	100.00	
Dublin	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor	O H	43016	check		
United Realty Inc., LLC	•		Registration Number, if PAC		
Street Address	Emalous (O				
2663 Northland Plaza	Employer/od	cupation/Labor Organization*	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
City	State	70.0.2	0 9 0 8 0 4	100.00	
Columbus	1	Zíp Code 43231	Form(Cash,Check,etc)		
Full Name of Contributor	O H	43251	check		
			Registration Number, if PAC		
Street Address	Foolmer/Occ	cupation/Labor Organization*			
	i inprojetroci	opadon/cabor organization-	M D Y Amount		
City	State	Zip Code	Form(Garly Charty and)		
	1	Zip Code	Form(Cash,Check,etc)		
full Name of Contributor		<u> </u>	Registration Number, if PAC		
			Registration Number, If PAC		
Street Address	Employer/Occ	upation/Labor Organization*	M D Y Amount		
	1-1-1-1-1-1	Apoton Esser Organization	M D Y Amount		
City	State	Zip Code	Form(Cash,Check,etc)		
			om(cash,chack,etc)		
ull Name of Contributor			Registration Number, if PAC		
			megisd addit Natitiber, if FAC		
treet Address	Employer/Occ	upation/Labor Organization*	M D Y Amount		
	1,,	openous caros Organización	M D Y Amount		
City	State	Zip Code	Form(Cash,Check,etc)		
	1		omicasi, checkett)		
		<u> </u>			
Required for contributions from individuals over \$100	to statewide and open-	accombly condidence 15	Object to a life and a		
hould be listed. If two or more employees contribute vi	s navmii deduction sed e	regard the appropriate of #400	noutor is sem-employed, occupation rathe	r than employe	
nembers, if any, must appear. [R.C. 3517.10(B)(4)]	- payron ocuderon and e	-cecu inc aggregate or \$100	o, the labor organization of which the em	ptoyees are	
ill in the boxes below only on the last page for this eve					

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

Total contributions this event	Total expenditures this event	
1,070.00	0.00	Page Total \$ 300.00