

Event Date	<u>6/1/05</u>
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# 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 ZACH MASON					M	D	Y	Amount
					0	5	1	76.00
Address 2121 ASCHINGER BLVD.		Purpose REIMBURSE-POSTAGE						
City COLUMBUS	State O	H	Zip Code 43212	Check Number 176				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
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 \$	<u>76.00</u>
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