31	-E	
R.C.	3517	10(B

Event Date	08-31-05
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed	by Sec	retary of State 02/01			
Name of Committee in Full						—
CITIZENS FOR RANKIN						
Full Name of Contributor	Registration Number, if P	AC .				
SEAN K. KELLER						
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount	
924 TIMBERMAN ROAD			<u>_</u>	0 9 0 1 0 5	2	25.00
Ott In India		ate	Zip Code	Form(Cash,Check,etc)		
COLUMBUS Full Name of Contributor	0	H	43212	CHECK		
				Registration Number, if PA	<u>, , , , , , , , , , , , , , , , , , , </u>	
DOROTHY BYRNE Street Address			<u> </u>			
	Employer/Occupation/Labor Organization*			Amount		
3151 GRIGGSVIEW CT.			0 9 0 1 0 5		5.00	
COLUMBUS	St		Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor	<u> I</u> O	H	43221	CHECK		
SANDRA A. MURRAY				Registration Number, if PA	.c	
Street Address	Irt	-10				
2357 ABINGTON ROAD	Employe	17 UCCU	pation/Labor Organization*		imount	
Gity Control C			IT- C: 1	0 9 0 1 0 5	2	<u> 00.č</u>
UPPER ARLINGTON	Sta	ite H	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor	101	ľì	43221	CHECK		
JOHN T. CONROY				Registration Number, if PA	С	
Street Address	Employer/Occupation/Labor Organization*		MIDIYIA			
3363 TREMONT ROAD, SUITE 104C	Employer/ Occupation/ Capor Organization*		0 9 0 1 0 5	mount	- 00	
City	Sta		Zip Code	Form(Cash,Check,etc)	20	5.00
COLUMBUS	OI	H	43221	CHECK		
ull Name of Contributor			1	Registration Number, if PA	· -	
JUDITH K. BURCHFIELD				negotiacon monaci, a 7 A	•	
Street Address	Employer	/Occup	pation/Labor Organization*	MIDIYIA	mount	
922 ELLIOTT ST.			•	0 9 0 1 0 5		5.00
lity	Sta	te	Zip Code	Form(Cash,Check,etc)		7.00
MARBLEHEAD	0.1	1-1	43440	CHECK		
ull Name of Contributor				Registration Number, if PA	-	
DEANNA KEPPLER						1
treet Address	Employer	/Оссцр	ation/Labor Organization*	HIDIYIA	nount	
465 SOUTH PARKVIEW			_	0 9 0 1 0 5		00.5
ity ity	Stat	e	71p Code	Form(Cash,Check,etc)		.00
BEXLEY	01	Н	43209	CHECK		
ull Name of Contributor			·	Registration Number, If PAC		_
DENISE PONTIOIUS						
treet Address	Employer/Occupation/Labor Organization*		MDYA	nount	\dashv	
4132 STELLAR DRIVE				0 9 0 1 0 5	50.	.00
ity	Stat	e	Zip Code	Form(Cash,Check,etc)		
HILLIARD,	-101	$H \mid$	43026	CHECK		

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 \$	200.00

^{*} 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)]