31-E
R.C. 3517.10(B)

Event Date 06/01/05
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full					
CITIZENS FOR RANKIN					
Full Name of Contributor				Registration Number, if PAC	
BRENDA S. STERN					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
2416 WYNCOURTNEY COURT			06 01 05		25.00
City	State	Zip Code	Form(Cash,Check,etc)		
POWELL	OH	43065	CHECK		
Full Name of Contributor				Registration Number, if PAC	
VORYS SATER SEYMOUR AND PEASE LLP ADV EFF PUB ADM					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
52 E. GAY STREET			06 01 05		100.00
City	State	Zip Code	Form(Cash,Check,etc)		
COLUMBUS	OH	43215	CHECK		
Full Name of Contributor				Registration Number, if PAC	
JOHN P. JOHNSON II					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
567 SPRING BRK E.			06 01 05		50.00
City	State	Zip Code	Form(Cash,Check,etc)		
WESTERVILLE	OH	43081	CHECK		
Full Name of Contributor				Registration Number, if PAC	
SUSAN E. ASHBROOK					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
2994 CRESCENT DR.			06 01 05		100.00
City	State	Zip Code	Form(Cash,Check,etc)		
COLUMBUS	OH	43204	CHECK		
Full Name of Contributor				Registration Number, if PAC	
EILEEN Y. PALEY					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
668 BELLAMY PL.			06 01 05		50.00
City	State	Zip Code	Form(Cash,Check,etc)		
COLUMBUS	OH	43213	CHECK		
Full Name of Contributor				Registration Number, if PAC	
MICHAEL T. WEDEKIND					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
4397 COHAGEN CROSSING DR.			06 01 05		30.00
City	State	Zip Code	Form(Cash,Check,etc)		
NEW ALBANY	OH	43054	CHECK		
Full Name of Contributor				Registration Number, if PAC	
CHERYL L. ROBERTO					
Street Address	Employer/Occupation/Labor Organization*		M D Y		Amount
1927 TEWKSBURY ROAD			06 01 05		50.00
City	State	Zip Code	Form(Cash,Check,etc)		
COLUMBUS	OH	43221	CHECK		

* 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)]

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 $ 405.00