Total contributions this event

| Event Date | 09-21-05 | |
|------------|----------|--|
| Page | 30 | |

Page Total \$

Statement of Contributions Received at a Social or Fundraising Event

| | Prescribed by Se | cretary of State 02/01 | | |
|---|--|---------------------------------|--|--|
| Name of Committee in Full CITIZENIS BOD DANIZINI | | | | |
| CITIZENS FOR RANKIN Full Name of Contributor | | | | |
| TOKI M. CLARK | | | Registration Number, if PAC | |
| Street Address | | | | |
| | Employer/Occ | cupation/Labor Organization* | M D Y Amount | |
| 233 S. HIGH ST. | | | 1 0 0 7 0 5 75.0 | |
| COLLINABLIC | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | O H | 43215 | CHECK | |
| Full Name of Contributor CHRISTOPHER J. MINNILLO | | | Registration Number, if PAC | |
| Street Address | Employer/Occ | upation/Labor Organization* | M D Y Amount | |
| 1500 W. THIRD AVE. SUITE 400 | Employer, dec | apadon Labor Organization | M | |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | OLH | 43212 | CHECK | |
| Full Name of Contributor | | 200 THE 180 | Registration Number, if PAC | |
| E. SCOTT SHAW | | | , | |
| Street Address | Employer/Occ | upation/Labor Organization* | M D Y Amount | |
| 500 S. FRONT ST. SUITE 130 | , , , | aparamatan angamatan | 1 0 0 7 0 5 | |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | O I H | ' | CHECK | |
| Full Name of Contributor | | "X.C. dan X. C./ | Registration Number, if PAC | |
| RICHARD S. KETCHAM | | | Registration Number, if PAC | |
| Street Address | Employer/Occ | upation/Labor Organization* | H D I V I | |
| 755 S. HIGH ST. | Employer/Occupation/Labor Organization | | M D Y Amount | |
| City | State | Trin Code | 1 0 0 7 0 5 75.0 | |
| COLUMBUS | | Zip Code 43215 | Form(Cash,Check,etc) | |
| Full Name of Contributor | 0 H | 40410 | CHECK | |
| KEVIN DURKIN | | | Registration Number, if PAC | |
| Street Address | Employer/Occ | upation/Labor Organization* | M D Y Amount | |
| 471 E. BROAD ST SUITE 1100 | Zinployen dec | apacion/ Labor Organizacion | The state of the s | |
| City | State | Zip Code | 1 0 0 7 0 5 75.00 Form(Cash,Check,etc) | |
| COLUMBUS | OH | 43215 | CHECK | |
| full Name of Contributor | 0 11 | 10210 | | |
| DONALD C. SCHUMACHER | | | Registration Number, if PAC | |
| Street Address | Employer/Occi | upation/Labor Organization* | M D Y Amount | |
| 755 S. HIGH STREET | Linployer/Occi | ipation/Labor Organization" | | |
| City | State | 7in Code | 1 0 0 7 0 5 75.00 | |
| COLUMBUS | | Zip Code | Form(Cash,Check,etc) | |
| full Name of Contributor | 10 H | 43215 | CHECK | |
| JON TYACK | | | Registration Number, if PAC | |
| Street Address | Jr1 (0 | | | |
| 536 S. HIGH ST. | Employer/Occi | ipation/Labor Organization* | M D Y Amount | |
| Oity | | 1 | 1 0 0 7 0 5 75.00 | |
| COLUMBUS | State | Zip Code | Form(Cash,Check,etc) | |
| CC/LOMBO3 | <u> </u> | 43215 | CHECK | |
| | | | | |
| Required for contributions from individuals over \$100 to st | catewide and general a | ssembly candidates. If contrib | utor is self-employed, occupation rather than employ | |
| hould be listed. If two or more employees contribute via page | roll deduction and exc | ceed the aggregate of \$100, t | he labor organization of which the employees are | |
| nembers, if any, must appear. [R.C. 3517.10(B)(4)] | | | | |
| | | | | |
| ill in the boxes below only on the last page for this event. | | | | |
| ransfer the Total contributions for this event to form No. 3 | 1-A. Under Full Name | of Contributor state "Contribut | tions from form No. 31-E" and list the date of the ev | |
| n the date column. | | | | |

Total expenditures this event