

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 UNITED ASSOC OF JOURNEYMEN & APPRENTICES PAC				Registration Number, if PAC LA1212	
Street Address 1250 KINNEAR ROAD	Employer/Occupation/Labor Organization*		M 0	D 8	Y 0
City COLUMBUS	State O	Zip Code 43212	Amount 100.00		Form(Cash,Check,etc) CHECK
Full Name of Contributor SANFORD J. COHAN				Registration Number, if PAC	
Street Address 2500 CORPORATE EXCHANGE DR.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 0
City COLUMBUS	State O	Zip Code 43231	Amount 100.00		Form(Cash,Check,etc) CHECK
Full Name of Contributor MARK K. RUTKUS				Registration Number, if PAC	
Street Address 55 W. OAKLAND AVENUE, APT 2	Employer/Occupation/Labor Organization*		M 0	D 8	Y 0
City COLUMBUS	State O	Zip Code 43201	Amount 50.00		Form(Cash,Check,etc) CHECK
Full Name of Contributor DONALD S. KLECO				Registration Number, if PAC	
Street Address 225 E. NORTH BROADWAY ST.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 0
City COLUMBUS	State O	Zip Code 43214	Amount 100.00		Form(Cash,Check,etc) CHECK
Full Name of Contributor RICHARD S. KETCHAM				Registration Number, if PAC	
Street Address 755 S. HIGH STREET	Employer/Occupation/Labor Organization*		M 0	D 8	Y 0
City COLUMBUS	State O	Zip Code 43215	Amount 100.00		Form(Cash,Check,etc) CHECK
Full Name of Contributor JOSEPH L. MAS				Registration Number, if PAC	
Street Address 206 HIAWATHA AVENUE	Employer/Occupation/Labor Organization*		M 0	D 8	Y 0
City WESTERVILLE	State O	Zip Code 43081	Amount 100.00		Form(Cash,Check,etc) CHECK
Full Name of Contributor JOSEPH A. GERLING				Registration Number, if PAC	
Street Address 175 S. THIRD STREET	Employer/Occupation/Labor Organization*		M 0	D 8	Y 0
City COLUMBUS	State O	Zip Code 43215	Amount 100.00		Form(Cash,Check,etc) 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

1,050.00

Total expenditures this event

0.00

Page Total \$ 650.00