31-E R.C. 3517.10(B)

Event Date	04/05/05
Page	Le

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed	by Secre	etary of State 02/01						
Name of Committee in Full								· ·	
CITIZENS FOR RANKIN			· · · · · · · · · · · · · · · · · · ·	In			DAG		
Full Name of Contributor GEORGE R. AMBRO					Registration Number, if PAC				
Street Address	Employ	or/Occur	nation/Labor Organization*	М	D	ΤY	Amount		
264 S. WASHINGTON AVENUE	Linploy	Employer/Occupation/Labor Organization*					2	250.00	
City	St	ate	Zip Code	0 4	Cash,Che			230.00	
COLUMBUS	0	Н	43215	1	CHEC				
Full Name of Contributor				Regist	ration No	umber, if	PAC		
YAVITCH & PALMER CO., LPA									
Street Address	Employ	er/Occu	pation/Labor Organization*	М	D	Y	Amount		
511 SOUTH HIGH STREET	PRI	E-DIS	TRIBUTION FUNDS	0 4	2 2	2 0 5		100.00	
City	St	ate	Zip Code		Cash,Che				
COLUMBUS	0	H	43215		CHEC				
Full Name of Contributor				Registi	ration Nu	umber, if	PAC		
PAUL SCOTT	1			 	1	1			
Street Address	Employ	Employer/Occupation/Labor Organization*		M	D 2 5	Y	Amount	250.00	
536 S. HIGH STREET		State Zip Code			Cash,Che			230.00	
COLUMBUS	0	ate H	Zip Code 43215		CHEC				
Full Name of Contributor		, A &	T. (2			umber, if	PAC		
IEFFERSON R. CRONAU				negisti	14001114	u			
Street Address	Employ	er/Occur	pation/Labor Organization*	М	D	Y	Amount		
2460 HIXSON STREET					2 5	0 5		200.00	
City	St	State Zip Code		Form(Cash,Check,etc)					
POWELL	0	H	43065		CHEC	CK			
Full Name of Contributor				1 -		umber, if	PAC		
UNITED ASSOC OF JOURNEYMENL				LA 1			_		
Street Address	Employ	Employer/Occupation/Labor Organization*			D	Y	Amount	a=0.00	
1250 KINNEAR ROAD	4			0 5				250.00	
COLUMBUS	1	State Zip Code		Form(Cash,Check,etc)					
COLUMBUS	0	O H 43212			CHECK Registration Number, if PAC				
Full Name of Contributor				Registi	ration in	umber, ii	PAC		
Street Address	Employer/Occupation/Labor Organization*		М	T D	ΤΥ	Amount			
ou occ / dairess		Employer/Occupation/Labor Organization		1 1	li				
City	St	ate	Zip Code	Form(Cash,Che	eck,etc)			
			}						
Full Name of Contributor			<u>' </u>	Registi	ration Nu	umber, if	PAC		
Street Address	Employ	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
			T	1					
City	St	ate	Zip Code	Form(Cash,Che	eck,etc)			
		L							
*D					I£ '	و المستما			
* Required for contributions from individuals over \$100 to state	wide and d	eneral as	ssembly candidates, it contrit	outor is s	seit-emb	iovea, oc	cupation rathe	r trian emplover	

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

Total contributions this event	Total expenditures this event	
		Page Total \$1,050.00
1,050.00	0.00	

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)]