

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 GEORGE R. AMBRO				Registration Number, if PAC	
Street Address 264 S. WASHINGTON AVENUE		Employer/Occupation/Labor Organization*		M D Y 0 4 2 2 0 5	Amount 250.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor YAVITCH & PALMER CO., LPA				Registration Number, if PAC	
Street Address 511 SOUTH HIGH STREET		Employer/Occupation/Labor Organization*		M D Y 0 4 2 2 0 5	Amount 100.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor PAUL SCOTT				Registration Number, if PAC	
Street Address 536 S. HIGH STREET		Employer/Occupation/Labor Organization*		M D Y 0 4 2 5 0 5	Amount 250.00
City COLUMBUS		State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK	
Full Name of Contributor JEFFERSON R. CRONAU				Registration Number, if PAC	
Street Address 2460 HIXSON STREET		Employer/Occupation/Labor Organization*		M D Y 0 4 2 5 0 5	Amount 200.00
City POWELL		State O H	Zip Code 43065	Form(Cash,Check,etc) CHECK	
Full Name of Contributor UNITED ASSOC OF JOURNEYMEN...LOCAL 189 PAC				Registration Number, if PAC LA 1212	
Street Address 1250 KINNEAR ROAD		Employer/Occupation/Labor Organization*		M D Y 0 5 0 9 0 5	Amount 250.00
City COLUMBUS		State O H	Zip Code 43212	Form(Cash,Check,etc) CHECK	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	

* 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 \$ 1,050.00