

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Rankin					
Full Name of Contributor Paul J. Unger				Registration Number, if PAC	
Street Address 4800 Canterwood Court		Employer/Occupation/Labor Organization* March & Unger, Attorney		M 1 0 2 8 0 5	D Y Amount \$150.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Scott E. Smith				Registration Number, if PAC	
Street Address 6660 N. High Street		Employer/Occupation/Labor Organization* Smith Phillips & Assoc, Attorney		M 1 0 2 8 0 5	D Y Amount \$150.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Marty Anderson				Registration Number, if PAC	
Street Address 3409 Riverseine Street		Employer/Occupation/Labor Organization* Attorney SewaldSewaldHawley,		M 1 0 2 8 0 5	D Y Amount \$200.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor OH & VIC Reg Council of Carpenters POL OFF PAC				Registration Number, if PAC LA358	
Street Address 222 E. Town Street		Employer/Occupation/Labor Organization*		M 1 0 2 8 0 5	D Y Amount \$300.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Teamsters Local Union 413 Drive Fund				Registration Number, if PAC	
Street Address 555 E. Rich Street		Employer/Occupation/Labor Organization*		M 1 0 2 8 0 5	D Y Amount \$300.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Timothy G. Serrott				Registration Number, if PAC	
Street Address 8695 Olentangy River Road		Employer/Occupation/Labor Organization* ProlineHiddenFence, Owner		M 1 0 2 8 0 5	D Y Amount \$50.00
City Delaware		State OH	Zip Code 43015	Form (Cash, Check, etc.) Check	
Full Name of Contributor Raymond Lavoie				Registration Number, if PAC	
Street Address 826 Summit Street		Employer/Occupation/Labor Organization* Self-employed, Photographer		M 1 0 2 8 0 5	D Y Amount \$75.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ \$1,225.00