

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

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