31-E R.C. 3517.10(B)

Event Date	04/05/05
Page	Y

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

		cretary of State 02/01						
Name of Committee in Full								
CITIZENS FOR RANKIN		· <del>-</del>		-				
Full Name of Contributor				Registration Number, if PAC				
GEORGE R. AMBRO Street Address	10.00		I M	<del></del>	<del></del>			
264 S. WASHINGTON AVENUE	Employer/Oc	Employer/Occupation/Labor Organization*		10	Y	Amount	050.00	
GIN 204 5. WASHING TON AVENUE	State	Zip Code		2   2 Cash,Che		9	250.00	
COLUMBUS	O I H	; '		савл,сле СНЕС				
Full Name of Contributor		10111 40210			Registration Number, if PAC			
YAVITCH & PALMER CO., LPA			1					
Street Address	Employer/Oc	cupation/Labor Organization*	м	D	TY	Amount		
511 SOUTH HIGH STREET	PRE-DI	PRE-DISTRIBUTION FUNDS			015	:1	100.00	
City	State	Zip Code		Cash,Che				
COLUMBUS	O   H	43215		CHEC	K			
Full Name of Contributor			Registi	Registration Number, if PAC				
PAULSCOTT			_L_					
Street Address	Employer/Oct	Employer/Occupation/Labor Organization*		D	Ϋ́	Amount		
536 S. HIGH STREET				2 5		<u> </u>	250.00	
City COLED ADDIC	State	Zip Code	1	ash Che				
COLUMBUS	O H	43215	_!	CHEC				
Full Name of Contributor			Registr	ation Nu	mber, if	PAC		
JEFFERSON R. CRONAU Street Address	- IF		- M			T:		
2460 HIXSON STREET	Employer/Occ	Employer/Occupation/Labor Organization*		0.15	Y	Amount	200,40	
Gty 2400 FIX.XX/N 5FREE F	State	State Zip Code			0   5 ck.etc)		200.00	
POWELL		1 H 43065		CHEC				
Full Name of Contributor	0 11 4,1003			Registration Number, if PAC				
UNITED ASSOC OF JOURNEYMEN	LOCAL 189 I	PAC	LA 1			•		
Street Address		Employer/Occupation/Labor Organization*		D	Y	Amount	<u></u> .	
1250 KINNEAR ROAD		, , , , , , , , , , , , , , , , , , , ,		0 9	015		250.00	
City	State	State Zip Code		ash,Che				
COLUMBUS	O   H	O   H   43212		CHECK				
Full Name of Contributor		<del></del>	Registr	ation Nu	mber, if	PAC		
Street Address	Employer/Occ	upation/Labor Organization*	М	D	Ϋ́	Amount		
<b>-</b>						L		
City	State	Zip Code	Form(C	ash,Ched	k,etc)			
Full Name of Contributor		<u> </u>	Registr	ation Nu	mber, if	PAC	_	
Company Addition	75 7		   M		<del></del>	r		
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*		D		Amount		
City	State	State Zip Code		Form(Cash,Check,etc)				
			!					

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	fotal expenditures this event	
1.050.00	0.00	Page Total \$ 1,050.()()
1,030.00	0.00	

<sup>\*</sup> 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)]