

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZXENS FOR RANKIN							
Full Name of Contributor UNITED ASSOC OF JOURNEYMEN & APPRENTICES PAC				Registration Number, if PAC LA1212			
Street Address 1250 KINNEAR ROAD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS		State O H	Zip Code 43212	0	8	0	100.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor SANFORD J. COHAN							
Street Address 2500 CORPORATE EXCHANGE DR.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS		State O H	Zip Code 43231	0	8	1	100.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor MARK K. RUTKUS							
Street Address 55 W. OAKLAND AVENUE, APT 2		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS		State O H	Zip Code 43201	0	8	2	50.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor DONALD S. KLCO							
Street Address 225 E. NORTH BROADWAY ST.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS		State O H	Zip Code 43214	0	8	2	100.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor RICHARD S. KETCHAM							
Street Address 755 S. HIGH STREET		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS		State O H	Zip Code 43215	0	8	2	100.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor JOSEPH L. MAS							
Street Address 206 HIAWATHA AVENUE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City WESTERVILLE		State O H	Zip Code 43081	0	8	2	100.00
				Form(Cash,Check,etc) CHECK			
Full Name of Contributor JOSEPH A. GERLING							
Street Address 175 S. THIRD STREET		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City COLUMBUS		State O H	Zip Code 43215	0	8	2	100.00
				Form(Cash,Check,etc) CHECK			

* 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 \$ 650.00