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

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Citizens for Frank Ciotola			
Full Name of Contributor		Registration Number, if PAC	
Mark A. Hummer			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1795 Edgemont Rd.		0 5 22 09	\$50.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43212-1022	Check	
Full Name of Contributor		Registration Number, if PAC	
Nicholas J. Vlasidis			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
4525 Coach Rd.		0 5 22 09	\$100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43220	Check	
Full Name of Contributor		Registration Number, if PAC	
Dean W. Melchi			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1667 Oakhill Road		0 5 22 09	\$100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43220	Check	
Full Name of Contributor		Registration Number, if PAC	
Gregory M. Ubert			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
1865 W. Lane Ave.		0 5 22 09	\$100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43221	Check	
Full Name of Contributor		Registration Number, if PAC	
Margaret Gesouras			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2663 Welsford Rd.		0 5 22 09	\$100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43221-3318	Check	
Full Name of Contributor		Registration Number, if PAC	
James D. Schrim, III			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2516 Onandaga Drive		0 5 22 09	\$200.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43221-3620	Check	
Full Name of Contributor		Registration Number, if PAC	
Bradley B. Bennett			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
3050 Avalon Road		0 5 24 09	\$100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43221	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	Total expenditures this event.	
\$0.00	\$0.00	\$750.00 Page Total \$ <u> </u> \$0.00