

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

Prescribed by Secretary of State 03/05

27

Name of Committee in Full <b>Citizens for Frank Ciotola</b>				Registration Number, if PAC	
Full Name of Contributor <b>Hope H. Schrim</b>				M   D   Y   Amount	
Street Address <b>2516 Onandaga Drive</b>		Employer/Occupation/Labor Organization*		0   9   2   3   0   9   \$100.00	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43221-3620</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>James D. Schrim III</b>				M   D   Y   Amount	
Street Address <b>2516 Onandaga Drive</b>		Employer/Occupation/Labor Organization*		0   9   2   3   0   9   \$250.00	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43221-3620</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>John Royer</b>				M   D   Y   Amount	
Street Address <b>4215 Fairfax Drive</b>		Employer/Occupation/Labor Organization*		0   9   2   3   0   9   \$100.00	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220</b>	Form (Cash, Check, etc.) <b>Cash</b>	
Full Name of Contributor <b>William Washington</b>				M   D   Y   Amount	
Street Address <b>695 Parkedge Drive</b>		Employer/Occupation/Labor Organization*		0   9   2   3   0   9   \$100.00	
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>Cash</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y   Amount	
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y   Amount	
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y   Amount	
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	

\* 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 \$ **550.00**