

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Frank Ciotola		Registration Number, if PAC	
Full Name of Contributor Shelley Tzagournis		M D Y Amount 0 5 2 2 0 9 \$100.00	
Street Address 4530 Denos Court	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.) Check	
City Columbus	State OH Zip Code 43220		
Full Name of Contributor T. A. Ward, II		Registration Number, if PAC	
Street Address 1693 Cardiff		M D Y Amount 0 5 2 2 0 9 \$75.00	
City Columbus	State OH Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Cynthia Rhodehamel		Registration Number, if PAC	
Street Address 2056 Waltham Rd.		M D Y Amount 0 5 2 2 0 9 \$250.00	
City Columbus	State OH Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tina Manokas		Registration Number, if PAC	
Street Address 4545 Coach Road		M D Y Amount 0 5 2 2 0 9 \$100.00	
City Columbus	State OH Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Joseph D. Finneran		Registration Number, if PAC	
Street Address 1650 Essex Rd.		M D Y Amount 0 5 2 2 0 9 \$100.00	
City Columbus	State OH Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lee Adamantidis		Registration Number, if PAC	
Street Address 2093 Sandover Ct.		M D Y Amount 0 5 2 2 0 9 \$200.00	
City Columbus	State OH Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael E. Nolan		Registration Number, if PAC	
Street Address 7520 East Main Street		M D Y Amount 0 5 2 2 0 9 \$100.00	
City Reynoldsburg	State OH Zip Code 43068	Form (Cash, Check, etc.) 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

\$0.00

Total expenditures this event.

\$0.00

\$925.00

Page Total \$ **\$0.00**