

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 Michelle Washington		M D Y Amount 0 9 2 3 0 9 \$100.00	
Street Address 695 Parkedge Drive	Employer/Occupation/Labor Organization*	State OH	Zip Code 43230
City Gahanna		Form (Cash, Check, etc.) Cash	
Full Name of Contributor Janet P. Boyd		Registration Number, if PAC	
Street Address 2511 Barcelona Drive		M D Y Amount 0 9 2 2 0 9 \$ 100.00	
City Fort Lauderdale	Employer/Occupation/Labor Organization*	State FLA	Zip Code 33301-1529
		Form (Cash, Check, etc.) Check	
Full Name of Contributor Amy B. Dunn		Registration Number, if PAC	
Street Address 1764 Edgemont Rd.		M D Y Amount 0 9 2 3 0 9 \$ 250.00	
City Columbus	Employer/Occupation/Labor Organization*	State OH	Zip Code 43212-1019
		Form (Cash, Check, etc.) Check	
Full Name of Contributor Nancy H. Lang		Registration Number, if PAC	
Street Address 3943 Criswell Drive		M D Y Amount 0 9 2 3 0 9 \$ 100.00	
City Upper Arlington	Employer/Occupation/Labor Organization*	State OH	Zip Code 43220
		Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert E. Boyd III		Registration Number, if PAC	
Street Address 1790 Bedford Road		M D Y Amount 0 9 2 3 0 9 \$ 100.00	
City Columbus	Employer/Occupation/Labor Organization*	State OH	Zip Code 43212
		Form (Cash, Check, etc.) Check	
Full Name of Contributor Ellen M. Koutras		Registration Number, if PAC	
Street Address 4623 Coach Road		M D Y Amount 0 9 2 2 0 9 \$ 100.00	
City Columbus	Employer/Occupation/Labor Organization*	State OH	Zip Code 43220
		Form (Cash, Check, etc.) Check	
Full Name of Contributor Anita K. Bennett		Registration Number, if PAC	
Street Address 3816 Criswell Drive		M D Y Amount 0 9 2 3 0 9 \$ 100.00	
City Columbus	Employer/Occupation/Labor Organization*	State OH	Zip Code 43220
		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

Page Total \$ 850.00