Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date <u>5-22-09</u>	-
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	Prescribed by Secreta	. y o	
Name of Committee in Full			
Citizens for Frank Ciotola			Registration Number, if PAC
Full Name of Contributor			
Roberto Ciotola			M D Y Amount
Street Address	Employer/Occupation/Labor Organization*		0 5 2 2 0 9 \$100.00
2818 Cannon Circle	Sta te	Zip Code	Form (Cash, Check, etc.)
City	OH	43035	Check
Lewis Center		1 4303)	Registration Number, if PAC
Full Name of Contributor			
Gaye Stevens Clapp	Employer/Occupation/Labor Organization*		M D Y Amount
Street Address	Employer/Occupations Emote organization		0 5 2 2 0 9 \$100.00
683 S. Winmar Place	Sta te	Zip Code	Form (Cash, Check, etc.)
City Westerville	OH	43081-1360	Check
Westerville Full Name of Contributor			Registration Number, if PAC
Glenna S. Tzagournis			8
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
4721 Old Ravine Court			0 5 2 2 0 9 \$100.00
City City Ravine Godin	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43220	Check Registration Number, if PAC
Full Name of Contributor			Registration Number, it PAC
Juan F. Lebron			M D Y Amount
Street Address	Employer/Occupation/Labor Organization*		
1540 Teeway Drive		la: 0.1.	0 5 2 2 0 9 \$150,00 Form (Cash, Check, etc.)
City	Sta te	Zip Code	
Columbus	OH	43220	Chack Registration Number, if PAC
Full Name of Contributor			
Shawn M. Stevens	In 1 20	oation/Labor Organization*	M D Y Amount
Street Address	Employer/Occur	oanon/Labor Organization	0 5 2 2 0 9 \$75.00
7147 Steeplebush Ave.	Sta te	Zip Code	Form (Cash, Check, etc.)
City	OH	43082-9664	Check
Westerville			Registration Number, if PAC
Full Name of Contributor			
Christine D. Michael Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount
			0 5 2 2 0 9 \$100.00
4509 Bradford Rd.	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	Check
Full Name of Contributor			Registration Number, if PAC
<u>.</u>			
Romano Ciotola Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
8			0 5 2 2 0 9 \$75.00
1559 Roxbury Rd.	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbia	OH	43212	Check
* Required for contributions from individuals over \$100 to:	statewide and General A	ssembly candidates. If contribut	or is self-employed, the occupation and the name

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.

	1
\$0	.00
•	

\$700.00)
Page Total \$	\$0.00

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)]