Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full				
Citizens for Frank Ciotola			Designation Member 150	A.C.
Full Name of Contributor			Registration Number, if P	AC
Carmen E. Costinescu		*		Form (Cash, Check, etc.)
	Employer/Occupati	ion/Labor Organization*		Check
4315 Lyon Drive	State	Zip Code	M D Y	Amount
City	OH	43220	0 5 2 0 0 9	\$100.00
Upper Arlington Full Name of Contributor	- · ·	1 43220	Registration Number, if F	
Jillann M. Scott Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
				Check
4391 Lyon Drive	State	Zip Code	M D Y	Amount
Upper Arlington	ОН	43220	052509	
Full Name of Contributor			Registration Number, if I	AC '
Mary Jane Overmyer				
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
2245 North Bank Drive			M D Y	Check Amount
City	State	Zip Code		
Columbus Full Name of Contributor	OH	43220-5422	0 5 2 8 0 C	9 <u>\$100.00</u>
			Aogisamion Humovi, II	
Henry O'Connor Street Address	r 1 /0	tion/Labor Organization*		Form (Cash, Check, etc.)
	Employer/Occupat	non/rapor Organization		Check
1319 Windham Road	State	Zip Code	M D Y	Amount
City Columbus	OH	43220	052909	\$100.00
COLUMDUS Full Name of Contributor) (1)	1-2	Registration Number, if	
Jamie Koutras				
Street Address	Employer/Occupation/Labor Organization*		Access to the second se	Form (Cash, Check, etc.)
3363 Tremont Rd.				Check
City	State	Zip Code	M D Y	Amount
Columbus	OH	43221	052209	
Full Name of Contributor			Registration Number, if	PAC
George M. Tzagournis, DDS				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
385 W. County Line Rd.		[q: 0.1	1 36 1 70 1 36	Check Amount
City	State	Zip Code	M D Y	1
Westerville	OH	43082	0 5 2 7 0 9 Registration Number, if	
Full Name of Contributor			TOBISH GUOM NUHIDOL, IL	.
Mark Catalano	Pos-110	tion/Labor Organization*		Form (Cash, Check, etc.)
Street Address	Employer/Occupa	CONTROL OFBRIDARION		Check
1732 Essex Rd.	State	Zip Code	$\begin{bmatrix} M & 6 & D & 2 & 0 \end{bmatrix}$	Amount
Columbus	ОН	Zip Code 43221	0 6 0 2 0	9 \$75.00
Full Name of Contributor Registration Number, if PAC				
Marisa Mentel				
MACISA MEILLEI Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.	
22 Preston Rd.				Check
City	State	Zip Code	M D Y	Amount
Columbus	OH	43209-1651	06010	9 \$75.00

Page Total \$ 750.00

^{*} 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)]