

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Frank Ciotola									
Full Name of Contributor Brian Hall						Registration Number, if PAC			
Street Address 1937 Collingswood Rd.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43221		M 1	D 0	Y 1	Amount \$100.00	
Full Name of Contributor Jim Hughes						Registration Number, if PAC			
Street Address 52 E. Gay St.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43215		M 1	D 0	Y 2	Amount \$150.00	
Full Name of Contributor Donna L. Printz						Registration Number, if PAC			
Street Address 1994 Jervis Rd.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43221		M 1	D 0	Y 2	Amount \$40.00	
Full Name of Contributor R. Matthew Hamilton						Registration Number, if PAC			
Street Address 1919 Cambridge Blvd.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check			
City Upper Arlington		State OH	Zip Code 43212-1933		M 1	D 0	Y 2	Amount \$250.00	
Full Name of Contributor Central Ohio Realtors Political Action Committee						Registration Number, if PAC None			
Street Address 2700 Airport Drive			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43219		M 1	D 0	Y 3	Amount \$ 250.00	
Full Name of Contributor Karen P. Hopper						Registration Number, if PAC			
Street Address 1731 Ramblewood Ave.			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43235		M 1	D 1	Y 1	Amount \$100.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Amount	

* 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)]

Page Total \$ 890.00