31-A R.C. 3517.10

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

						1
Name of Committee in Full						
Citizens for Frank Ciotola Full Name of Contributor			Registrati	on Numb	er, if PA	C
Brian Hall	E1 /O:	pation/Labor Organization	_			Form (Cash, Check, etc.)
Street Address	Employer/Occuj				Check	
1937 Collingswood Rd.	State	Zip Code	M	D	Y	Amount
Columbus	ОН	43221	10	1 5	0 9	\$100.00
Columbus Full Name of Contributor			Registrati			
Jim Hughes						
Street Address	Employer/Occu	Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.)
52 E. Gay St.						<u>Check</u>
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43215		20	0 9	\$150.00
Columbus Full Name of Contributor			Registrat	ion Num	der, if PA	· C
Donna L. Printz						Form (Cash, Check, etc.)
Street Address	Employer/Occu	pation/Labor Organization "				
1994 Jervis Rd.	2.1	[7], C. J.	M	l n	Y	Check Amount
City	State	Zip Code	10	2 4	1 1 .	9 1
Columbiis Full Name of Contributor	<u>Vn</u>	43221	Registrat		1	
			Registrat	ion rum	,	
R. Matthew Hamilton Street Address	I Familia de la Composição de la Composi	pation/Labor Organization *	L			Form (Cash, Check, etc.)
	Employer/Occu	раном каоог Отданизация				Check
1919 Cambridge Blvd.	State	Zip Code	M	D	Y	Amount
	ОН	43212-1933	10		0 9	
Upper Arlington Full Name of Contributor			Registrat			/C
Control Objo Realtors Political Action Committee None						
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)
2700 Airport Drive						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43219		3 0	09	all many transfer and the second seco
Full Name of Contributor		Registrati			ber, if P	AC
Karen P. Hopper						Form (Cash, Check, etc.)
Street Address	Employer/Occi	pation/Labor Organization *				
1731 Ramblewood Ave.		I 7:- Codo	NA	Th	T VI	Check Amount
^{City} Columbus	Stake OH	Zip Code 43235	$\begin{vmatrix} M \\ 1 \end{vmatrix} 1$	1 7	y o	\$100.00
			Registra			
Full Name of Contributor			2 D. D. S. B.		,	
	lm 1 10	upation/Labor Organization *				Form (Cash, Check, etc.)
Street Address	Employer/Occi	праноп/Labor Organization				
	State	Zip Code	M	D	Y	Amount
City	OH		-			
Registration Number, if PAC						AC
Full Name of Contributor						
Street Address	Employer/Occ	Employer/Occupation/Labor Organization Form (Cash, Check,				
City	State	Zip Code	М	D	Y	Amount
	OH					
					-	

Page Total \$1 890.00

^{*} 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)]