

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			Registration Number, if PAC	
Citizens for Frank Ciotola				
Full Name of Contributor			M D Y Amount	
Marisa C. Webb			0 5 2 2 0 9 \$50.00	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
3207 Leesville Way			Check	
City	State	Zip Code		
Dublin	OH	43017-1724		
Full Name of Contributor			Registration Number, if PAC	
Erik F. Yassenoff				
Full Name of Contributor			M D Y Amount	
Erik F. Yassenoff			0 5 2 2 0 9 \$250.00	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
2260 Swansea Road			Check	
City	State	Zip Code		
Upper Arlington	OH	43221		
Full Name of Contributor			Registration Number, if PAC	
Andria Bennett				
Full Name of Contributor			M D Y Amount	
Andria Bennett			0 5 2 2 0 9 \$75.00	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
2890 Eastcleft Drive			Check	
City	State	Zip Code		
Columbus	OH	43221		
Full Name of Contributor			Registration Number, if PAC	
Robert K. May, M.D.				
Full Name of Contributor			M D Y Amount	
Robert K. May, M.D.			0 5 2 2 0 9 \$100.00	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
4766 Bellann Rd.			Check	
City	State	Zip Code		
Columbus	OH	43221		
Full Name of Contributor			Registration Number, if PAC	
Mark K. Milligan				
Full Name of Contributor			M D Y Amount	
Mark K. Milligan			0 5 2 2 0 9 \$250.00	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
P.O. Box 12307			Check	
City	State	Zip Code		
Columbus	OH	43212-0307		
Full Name of Contributor			Registration Number, if PAC	
Nancy H. Lang				
Full Name of Contributor			M D Y Amount	
Nancy H. Lang			0 5 2 2 0 9 \$75.00	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
3943 Criswell Drive			Check	
City	State	Zip Code		
Upper Arlington	OH	43220		
Full Name of Contributor			Registration Number, if PAC	
Wendy L. Hondroulis				
Full Name of Contributor			M D Y Amount	
Wendy L. Hondroulis			0 5 2 2 0 9 \$100.00	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
4375 Castleton Rd.			Check	
City	State	Zip Code		
Columbus	OH	43220		

* 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

\$900.00

Page Total \$ 0.00