

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

Prescribed by Secretary of State 03/05

26

Name of Committee in Full Citizens for Frank Ciotola		Registration Number, if PAC	
Full Name of Contributor Jeffrey Todd Caswell		Registration Number, if PAC	
Street Address 4720 Old Ravine Ct.	Employer/Occupation/Labor Organization*	M 0	D 9
City Columbus	State OH	Y 2	Amount \$50.00
Zip Code 43220-2880		3	0
		9	9
		Form (Cash, Check, etc.) Check	
Full Name of Contributor L. Jack Ruscilli		Registration Number, if PAC	
Street Address 1957 Lake Shore Drive	Employer/Occupation/Labor Organization*	M 0	D 9
City Columbus	State OH	Y 2	Amount \$100.00
Zip Code 43204		3	0
		9	9
		Form (Cash, Check, etc.) Check	
Full Name of Contributor Madeline Tzagournis		Registration Number, if PAC	
Street Address 4335 Sawmill Road	Employer/Occupation/Labor Organization*	M 0	D 9
City Columbus	State OH	Y 2	Amount \$100.00
Zip Code 43220		3	0
		9	9
		Form (Cash, Check, etc.) Check	
Full Name of Contributor Denis G. Connor		Registration Number, if PAC	
Street Address 2400 Coventry Rd.	Employer/Occupation/Labor Organization*	M 0	D 9
City Upper Arlington	State OH	Y 2	Amount \$100.00
Zip Code 43221		3	0
		9	9
		Form (Cash, Check, etc.) Check	
Full Name of Contributor James J. Chester		Registration Number, if PAC	
Street Address 65 E. State St. #1000	Employer/Occupation/Labor Organization*	M 0	D 9
City Columbus	State OH	Y 2	Amount 50.00
Zip Code 43215		3	0
		9	9
		Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas R. Brownlee, Jr.		Registration Number, if PAC	
Street Address 3360 Westbury Drive	Employer/Occupation/Labor Organization*	M 0	D 9
City Columbus	State OH	Y 2	Amount \$100.00
Zip Code 43221-1585		3	0
		9	9
		Form (Cash, Check, etc.) Check	
Full Name of Contributor Elizabeth M. Kelly		Registration Number, if PAC	
Street Address 1980 Lane Rd.	Employer/Occupation/Labor Organization*	M 0	D 9
City Columbus	State OH	Y 2	Amount \$100.00
Zip Code 43220		3	0
		9	9
		Form (Cash, Check, etc.) Check	

* 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

Page Total \$ **600.00**