

# 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		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Mark Calvary				0	9	18	\$ 75.00
Street Address		City		Form (Cash, Check, etc.)			
4556 Benderton Ct.		Columbus		Check			
State		Zip Code					
OH		43220					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
John A Bergmann				0	9	18	\$ 75.00
Street Address		City		Form (Cash, Check, etc.)			
2990 Welsford Rd.		Columbus		Check			
State		Zip Code					
OH		43221					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Unknown Contributor				0	9	18	\$ 35.00
Street Address		City		Form (Cash, Check, etc.)			
		Columbus		Cash			
State		Zip Code					
OH							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		City		Form (Cash, Check, etc.)			
		Columbus					
State		Zip Code					
OH							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		City		Form (Cash, Check, etc.)			
		Columbus					
State		Zip Code					
OH							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		City		Form (Cash, Check, etc.)			
		Columbus					
State		Zip Code					
OH							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		City		Form (Cash, Check, etc.)			
		Columbus					
State		Zip Code					
OH							

\* 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

\$ 185.00  
Page Total \$ 0.00