

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

Prescribed by Secretary of State 03/05

| | | | | | |
|---------------------------------------------------------|--|-----------------------------------------|------------------------|-----------------------------------|--|
| Name of Committee in Full Citizens for Frank Ciotola | | | | Registration Number, if PAC | |
| Full Name of Contributor Leslie M. Heath | | Employer/Occupation/Labor Organization* | | M D Y Amount | |
| Street Address 2035 Tremont Rd. | | | | 0 9 1 8 0 9 \$ 100.00 | |
| City Columbus | | State OH | Zip Code 43221 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Thomas J. Stewart | | Employer/Occupation/Labor Organization* | | M D Y Amount | |
| Street Address 1767 Bedford Rd. | | | | 0 9 2 3 0 9 \$ 100.00 | |
| City Columbus | | State OH | Zip Code 43212 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Alice Epitropoulos MD | | Employer/Occupation/Labor Organization* | | M D Y Amount | |
| Street Address 5005 Squirrel Bend | | | | 0 9 2 2 0 9 \$ 100.00 | |
| City Upper Arlington | | State OH | Zip Code 43220-2279 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Rebecca O. Stewart | | Employer/Occupation/Labor Organization* | | M D Y Amount | |
| Street Address 2450 Danvers Court | | | | 0 9 2 2 0 9 \$ 100.00 | |
| City Columbus | | State OH | Zip Code 43220 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Andrew M. Ferris | | Employer/Occupation/Labor Organization* | | M D Y Amount | |
| Street Address 3941 Fairlington Drive | | | | 0 9 2 3 0 9 \$ 100.00 | |
| City Columbus | | State OH | Zip Code 43220 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Adam Tzagournis | | Employer/Occupation/Labor Organization* | | M D Y Amount | |
| Street Address 4530 Denos Court | | | | 0 9 2 3 0 9 \$ 100.00 | |
| City Columbus | | State OH | Zip Code 43220 | Form (Cash, Check, etc.) Cash | |
| Full Name of Contributor Matthew McClellan | | Employer/Occupation/Labor Organization* | | M D Y Amount | |
| Street Address 1673 Essex Road | | | | 0 9 2 3 0 9 \$ 100.00 | |
| City Columbus | | State OH | Zip Code 43221-3842 | 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 \$ 700.00