Statement of Contributions Received

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Prescribed by Secretary of State 03/05

| Name of Committee in Full | | | | |
|--|--|---|--|--------------------------------|
| Citizens for Frank Ciotola | | | Registration Number, if PAC | |
| Full Name of Contributor | | | Registration Number, it | ino |
| Joe Murray | Trlaver/George | oation/Labor Organization * | | Form (Cash, Check, etc.) |
| Street Address 1533 Lake Shore Drive | Employer/Occup | эановуванов Огданганов | | Check |
| City | State | Zip Code | M D Y | Amount |
| Columbus | OH | 43204 | | 9 \$250.00 |
| Full Name of Contributor | | | Registration Number, if | PAC |
| Geoff Moul | | * | | Form (Cash, Check, etc.) |
| Street Address | Employer/Occup | Employer/Occupation/Labor Organization * | | |
| 1533 Lake Shore Drive | Staže | Zip Code | M D Y | Check |
| City | OH | 43204 | 0 9 0 2 0 | 9 \$250.00 |
| Columbus Full Name of Contributor | | | Registration Number, if | PAC |
| Brian Basil | | | | |
| Street Address | Employer/Occu | pation/Labor Organization * | | Form (Cash, Check, etc.) Check |
| 1533 Lake Shore Drive | | | 1,4 1,5 1,4 | Amount |
| City | State OH | Zip Code 43204 | 09020 | 9 \$250.00 |
| Ćolumbus | Vn_ | 40204 | Registration Number, if | <u> </u> |
| Full Name of Contributor | | | 105/20121011 | |
| Glenna S. Tzagournis | Employer/Occu | pation/Labor Organization * | <u> </u> | Form (Cash, Check, etc.) |
| | Employon | panon — — — — — — — — — — — — — — — — — — | | Check |
| 4721 Old Ravine Court | State | Zip Code | M D Y | Amount |
| | OH | 43220 | 09240 | 9 \$ 50.00 |
| Columbus Full Name of Contributor | | | Registration Number, i | PAC |
| Stuart A. Bishop | | * | | Form (Cash, Check, etc.) |
| Street Address 3903 Chiselhurst Place | Employer/Occupation/Labor Organization | | | Check |
| 3903 Uniselhurst Flace | State | Zip Code | M D Y | Amount |
| city Columbus | OH | 43220 | $\begin{bmatrix} 0^{\text{M}} 9 & 2 & 40^{\text{Y}} \end{bmatrix}$ | 9 \$250.00 |
| Full Name of Contributor | | | Registration Number, i | f PAC |
| Mark A. Pottschmidt | | | | |
| Street Address | Employer/Occu | ipation/Labor Organization * | 8-2-2 | Form (Cash, Check, etc.) Check |
| 2048 Wickford Rd. | | | | |
| City | State | Zip Code 43221-4224 | $0^{\text{M}}9 2^{\text{D}}8 0^{\text{Y}}$ | 9 \$100.00 |
| Upper Arlington | OH | 40221-4224 | Registration Number, | |
| Full Name of Contributor | | | Togistration Trainest, | |
| Debora L. Jerman | Tp110 | upation/Labor Organization * | | Form (Cash, Check, etc. |
| Street Address 4630 Burbank Drive | Employel/Occi | upation/Labor Organization | | Check |
| | State | Zip Code | M D Y | Amount |
| Columbus | OH | 43220 | 0 9 1 4 0 | 9 \$ 50.00 |
| Full Name of Contributor | | | Registration Number, | If PAC |
| Robert M. Eversole | | | | |
| Street Address | Employer/Occupation/Labor Organization * | | | Form (Cash, Check, etc |
| 1278 Camelot Drive | | | 1 12 1 12 1 12 | Check Amount |
| City | State OH | Zip Code | | 9 \$100.00 |
| Columbus | UI | 43220 | 10020 | 121 ATOO.OO |

Page Total \$ 1,300.0

^{*} 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)]