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# 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					
Gail W Tibbals					
Street Address		Employer/Occupation/Labor Organization*		M	D
3340 Somerford Rd				0	9
City	State	Zip Code	Y	Amount	
Columbus	OH	43221	1	80	\$ 75.00
				Form (Cash, Check, etc.)	
				Check	
Full Name of Contributor					
Joanne McHugh					
Street Address		Employer/Occupation/Labor Organization*		M	D
3967 Reed Road				0	9
City	State	Zip Code	Y	Amount	
Columbus	OH	43220	1	80	\$ 50.00
				Form (Cash, Check, etc.)	
				Check	
Full Name of Contributor					
Melanie F Myers					
Street Address		Employer/Occupation/Labor Organization*		M	D
3185 Brandon Rd				0	9
City	State	Zip Code	Y	Amount	
Columbus	OH	43221	1	80	\$ 25.00
				Form (Cash, Check, etc.)	
				Check	
Full Name of Contributor					
Donald A Sibbring					
Street Address		Employer/Occupation/Labor Organization*		M	D
4314 Camborne Rd.				0	9
City	State	Zip Code	Y	Amount	
Columbus	OH	43220	1	80	\$ 55.00
				Form (Cash, Check, etc.)	
				Check	
Full Name of Contributor					
Mary Louise Casanta					
Street Address		Employer/Occupation/Labor Organization*		M	D
3057 Brandon Rd				0	9
City	State	Zip Code	Y	Amount	
Upper Arlington	OH	43221	1	80	\$ 50.00
				Form (Cash, Check, etc.)	
				Check	
Full Name of Contributor					
Suzanne Seitz Geiszler					
Street Address		Employer/Occupation/Labor Organization*		M	D
3830 Ritamarie Dr.				0	9
City	State	Zip Code	Y	Amount	
Columbus	OH	43220	1	80	\$ 75.00
				Form (Cash, Check, etc.)	
				Check	
Full Name of Contributor					
James J Gabel					
Street Address		Employer/Occupation/Labor Organization*		M	D
4520 Reed Rd				0	9
City	State	Zip Code	Y	Amount	
Columbus	OH	43220	1	80	\$ 100.00
				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

\$ 430.00  
Page Total \$ 0.00