

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
Charles D Herrera				0	9	1	\$ 250.00
Street Address		City		Form (Cash, Check, etc.)			
1175 Brittany Ln		Upper Arlington		Check			
State		Zip Code					
OH		43220					
Full Name of Contributor				Registration Number, if PAC			
Michael J Joyce				M	D	Y	Amount
2561 Chester Rd				0	9	1	\$ 100.00
Street Address		City		Form (Cash, Check, etc.)			
Upper Arlington		Upper Arlington		Check			
State		Zip Code					
OH		43221					
Full Name of Contributor				Registration Number, if PAC			
Paul T Santilli				M	D	Y	Amount
1289 Fountaine Dr				0	9	1	\$ 35.00
Street Address		City		Form (Cash, Check, etc.)			
Columbus		Columbus		Check			
State		Zip Code					
OH		43221					
Full Name of Contributor				Registration Number, if PAC			
Peter A Steva				M	D	Y	Amount
3364 Abbey Rd				0	9	1	\$ 75.00
Street Address		City		Form (Cash, Check, etc.)			
Columbus		Columbus		Check			
State		Zip Code					
OH		43221					
Full Name of Contributor				Registration Number, if PAC			
D.M. Schafer				M	D	Y	Amount
3404 Sunningdale Way				0	9	1	\$ 50.00
Street Address		City		Form (Cash, Check, etc.)			
Columbus		Columbus		Check			
State		Zip Code					
OH		43221					
Full Name of Contributor				Registration Number, if PAC			
John E Ross				M	D	Y	Amount
3860 Ritamarie Drive				0	9	1	\$ 50.00
Street Address		City		Form (Cash, Check, etc.)			
Upper Arlington		Upper Arlington		Check			
State		Zip Code					
OH		43220					
Full Name of Contributor				Registration Number, if PAC			
Robert H Maynard				M	D	Y	Amount
2661 Haverford Road				0	9	1	\$ 50.00
Street Address		City		Form (Cash, Check, etc.)			
Columbus		Columbus		Check			
State		Zip Code					
OH		43220					

* 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

\$ 610.00

Page Total \$ 0.00