## **Statement of Contributions Received**

Page 11

Prescribed by Secretary of State 03/05

Citizens for Frank Ciotola  William Grantibutor  Nancy Miller  Sevent Address  Sobo Slate Rum Woods Ct.  Suite 710 Code OH 43220 In 0 1 0 9 \$200.00  Registration Number, IFFAC  Check  Address  Employer/Occupation/Labor Organization*  State Contributions from Form No. 31-E  State Contributions from Form No. 32-E  State Contribution Registration Number, IFFAC  Crity State Contributor  Registration Number, IfFAC  Perm (Cash, Check  State Contributor  State Contribut	lame of Committee in Full				
Name of Contributor   Name of Contributor   Name of Contributor   State   City   OH   Name of Contributor   Cont				Pegistration Number if PAC	
Employer/Occupation/Labor Organization				Registration Namoei, in	
Employer/Occupation/Labor Organization	Nancy Miller				Form (Cash, Check, etc.)
State Run Woods Ct.   State   Zip Code   A 3220	treet Address	Employer/Occu	pation/Labor Organization		1
Upper Arlington		State	Zip Code	M D Y	8
Contributions from Form No. 31-E  Street Address  Employer/Occupation/Labor Organization*  State Zip Code OH OF 1 S 2 2 0 9 \$5,310.00  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check,	Upper Arlington	l l			
Employer/Occupation/Labor Organization   Form (Cash, Check, Street Address   Employer/Occupation/Labor Organization   Form (Cash, Check, Check, OH				Registration Number, if	PAC
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State Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, Check, Check, Check, Check, Check, Check, Check, City  State Address  Employer/Occupation/Labor Organization*  Form (Cash, Check,	Office Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
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State OH OH Process  Fall Name of Contributor  Contributions from Form No. 31-E  Street Address  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Form (Cash, Check, OH)  State OH OH  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Form (Cash, Check, OH)  Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, OH)  Full Name of Contributor  Employer/Occupation/Labor Organization*  Form (Cash, Check, OH)  Full Name of Contributor  Employer/Occupation/Labor Organization*  Form (Cash, Check, OH)  Full Name of Contributor  Employer/Occupation/Labor Organization*  Form (Cash, Check, OH)  Full Name of Contributor  Employer/Occupation/Labor Organization*  Form (Cash, Check, OH)  Full Name of Contributor  Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, OH)  Full Name of Contributor  Form (Cash, Check, OH)  Full Name of Contrib	Street Address	Employer/Occi	ipation bassi organization		
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Street Address  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Form (Cash, Check OH	Full Name of Contributor			Registration Number, if	FPAC
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OH		OH			

Page Total \$ \$9,435.00

<sup>\*</sup> 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)]