

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Citizens for Frank Ciotola										
From Whom Received Frank Ciotola						Prior Amount 3,900.00		Amt. Incurred this Period -0-		
Address 4225 Greensview Drive								Outstanding Balance 3,900.00		
City Upper Arlington	State OH	Zip Code 43220	Loans Received This Period				Payments This Period			
			Date		Amount		Date		Amount	
			M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred 11/08/05			M	D	Y		M	D	Y	
Registration Number, if PAC			M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*			M	D	Y		M	D	Y	

From Whom Received						Prior Amount		Amt. Incurred this Period		
Address								Outstanding Balance		
City	State OH	Zip Code	Loans Received This Period				Payments This Period			
			Date		Amount		Date		Amount	
			M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred			M	D	Y		M	D	Y	
Registration Number, if PAC			M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*			M	D	Y		M	D	Y	

From Whom Received						Prior Amount		Amt. Incurred this Period		
Address								Outstanding Balance		
City	State OH	Zip Code	Loans Received This Period				Payments This Period			
			Date		Amount		Date		Amount	
			M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred			M	D	Y		M	D	Y	
Registration Number, if PAC			M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*			M	D	Y		M	D	Y	

* 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)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$ 3,900.00

² Total received this period \$ \$0.00 (To Form No. 31-A-2)

³ Total payments this period \$ \$0.00 (To Form No. 31-B)

⁴ Total Outstanding Balance \$ 3,900.00 (To Form No. 30-A)