Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	5-22-09
EVEIL Date	
Page 7	
0 1	

ame of Committee in Full		•	
Citizens for Frank Ciotola			Registration Number, if PAC
full Name of Contributor			
Steve Harris	Employer/Occupation/Labor Organization*		M D Y Amount
treet Address 4130 Randmore Ct.			0 5 2 2 0 9 \$100.00
	Stal te	Zip Code	Form (Cash, Check, etc.)
ity Columbus	OH	43220	Cash
Pull Name of Contributor			Registration Number, if PAC
			M D Y Amount
Stella Studer treet Address	Employer/Occupa	ation/Labor Organization*	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4181 Kenny Rd.		Fee: 77.1	0 5 2 2 0 9 \$50.00 Form (Cash, Check, etc.)
Sity	Sta te	Zip Code	Cash
Columbus	OH	43220	Registration Number, if PAC
Full Name of Contributor			_
Tommy Piolata	10	tion // above Organization*	M D Y Amount
Street Address	Employer/Occupation/Labor Organization*		0 5 2 2 09 \$20.00
1708 Moravian St.	Sta te	Zip Code	Form (Cash, Check, etc.)
City	OH	43220	Cash
Columbus Full Name of Contributor		1474	Registration Number, if PAC
Catherine Palmer	Employer/Occupation/Labor Organization*		M D Y Amount 0 5 2 2 0 9 \$15.00
Street Address			
	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	Cash Registration Number, if PAC
Full Name of Contributor			Kegisuauon ivaaaoo,
David DeCapua			M D Y Amount
Street Address	Employer/Occupation/Labor Organization*		0 5 2 2 0 9 \$100.00
2101 Yorkshire Rd.	Pult-	Zip Code	Form (Cash, Check, etc.)
City	Sta te OH	43221	Cash
Columbus		TOLL	Registration Number, if PAC
Full Name of Contributor			
Dean Adamantidis Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount
Street Address	Employer	.	052209 \$100.00
1496 Perry St.	Sta te	Zip Code	Form (Cash, Check, etc.)
City	OH	43201	Cash
Columbus Full Name of Contributor			Registration Number, if PAC
Jennifer DeCapua			M D Y Amount
Street Address	Employer/Occupation/Labor Organization*		177
2101 Yorkshire Rd.			0 5 2 2 0 9 \$25.00 Form (Cash, Check, etc.)
City	Sta te	Zip Code	torn (ones)
Columbus * Required for contributions from individuals over \$100 to s	OH	43221	

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)]

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-B" and list the date of the event in the date column

Total con	tributions this event
	\$0.00

Total expenditures this event.

	i
\$0.00	00.00

\$410.00 Page Total \$