

Certified Return Receipt # 7005-1820-0004-9590-2527.

3/18/08

Anthony Cioffi Jr., #332-078
La.E.C.I.
P.O.Box 8000
501 Thompson Rd.
Conneaut, Ohio 44030-8000

Re: Affidavits

Ms. Cynthia Mausser
Ohio Parole Board
1050 Freeway Dr. N.
Columbus, Ohio 43229

Dear Ms. Mausser,

I am sending the enclosed affidavits to be part of my permanent records along with the other records, I have sent to this office on my cases in 2003 and 2004. The enclosed notarize affidavits are from: Jonathan Cioffi, Anthony Cioffi Jr, Anthony Cioffi Sr, Elsie Johns, Debbie Harsch, Beth Kennedy, Theresa Jones, and Tina Phillips. I do thank you for your time in this matter.

Sincerely yours,

Anthony Cioffi Jr

Cc: Cheryl Onstad
Jack swint
Bob Lynch
Ron Gainer
File

[Faint, illegible text and markings on a return receipt form, including a tracking number 7005-1820-0004-9590-2527.]

CERTIFIED RETURN RECEIPT
Personal A/C Withdrawal
Check Out-Slip

CONFIDENTIAL
LEGAL MAIL

Dollars: 6 Cents: 28

Institution: <u>LA. E. C. I.</u>		Date: <u>03-18-08</u>
Name: <u>MS. CYNTHIA MAUSSER OHIO PAROLE BOARD</u>		
Address: <u>1050 FREEWAY DR. N.</u>		
City: <u>COLUMBUS</u>	State: <u>OHIO</u>	Zip Code: <u>43229</u>

Postage Copies ID Misc. _____ Check-out CK # _____

The inmate's signature on this withdrawal request verifies that the information listed above has been read to or by the inmate and is correct. In the event of an error in the address which results in the return of this package, the inmate shall assume financial responsibility.

Inmate's Signature: <u>Cynth</u>	Number: <u>332-078</u>	Block & Coll Number: <u>SC 91</u>
Approved By: <u>[Signature]</u>	Witnessed: <u>C. Huelly</u>	
Ship VIA: _____	Date Processed: <u>3-18-08</u>	

ORC 1004 (Rev. 3/01) DISTRIBUTION: WHITE - Cashier CANARY - Inmate Pink - _____ ACA 404B

7005-1820-0004-9590-2527

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <u>R. K. S. A.</u> <u>3-20-08</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <u>MS. CYNTHIA MAUSSER</u> <u>OHIO PAROLE BOARD</u> <u>1050 FREEWAY DR. N.</u> <u>COLUMBUS, OHIO</u> <u>43229</u></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) <u>7005-1820-0004-9590-2527</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>