31-A
R.C. 3517.10

Page 1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for Beryl Piccolantonio						
Full Name of Contributor					**Registration Number, if PAC**	
Susan Kaylor						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
1599 Sydney Glen Ct.						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
New Albany	OH	43230	06	10	15	150.00
Full Name of Contributor					**Registration Number, if PAC**	
Melissa Sull						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
1070 Brookhouse Ln.						paypal
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Gahanna	OH	43230	07	20	15	100.00
Full Name of Contributor					**Registration Number, if PAC**	
Kennedy Partners LLC						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
7070 Pleasant Colony Cir.						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Blacklick	OH	43004	07	20	15	250.00
Full Name of Contributor					**Registration Number, if PAC**	
John Logan						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
4740 Hayden Run Rd.						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Columbus	OH	43221	07	17	15	50.00
Full Name of Contributor					**Registration Number, if PAC**	
Donald Spicer						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
1145 Baumbock Burn Dr.						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Columbus	OH	43235	07	08	15	150.00
Full Name of Contributor					**Registration Number, if PAC**	
George McCue						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
4598 Bridle Path Lane						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Dublin	OH	43017	07	20	15	250.00
Full Name of Contributor					**Registration Number, if PAC**	
Michael Repasky						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
1355 Haybrook Dr.						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Gahanna	OH	43230	07	25	15	50.00
Full Name of Contributor					**Registration Number, if PAC**	
Marian Harris						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
5145 Holbrook Dr.						check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Columbus	OH	43232	07	24	15	50.00

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 1,050.00