



Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Citizens for Beryl Piccolantonio				
Full Name of Contributor Lashondra Tinsley			Registration Number, if PAC	
Street Address 1520 Picard Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/26/2019	Amount 25.00
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 43207	Form (Cash, Check, Etc cash	
Full Name of Contributor Janet Schwartz			Registration Number, if PAC	
Street Address 500 Beaverbrook Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/26/2019	Amount 25.00
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	Form (Cash, Check, Etc cash	
Full Name of Contributor Robert Dean			Registration Number, if PAC	
Street Address 449 Allanby	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/26/2019	Amount 25.00
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	Form (Cash, Check, Etc check	
Full Name of Contributor Mary Lightbody			Registration Number, if PAC	
Street Address 4948 E. Walnut St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/26/2019	Amount 100.00
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	Form (Cash, Check, Etc check	
Full Name of Contributor Kristina Boynton Acklin			Registration Number, if PAC	
Street Address 765 Tim Tam Ave.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/26/2019	Amount 100.00
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	Form (Cash, Check, Etc check	

* 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)]

Fill in the boxes below only on the last page for this event.

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

Total Contributions This Event
1910.00

Total Expenditures This Event

Page Total \$ 275.00