

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Beryl Piccolantonio					
Full Name of Contributor Kent Trofholz				Registration Number, if PAC	
Street Address 6767 Fleur Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Amount 50.00
City Westerville	State O H	Zip Code 43082	Y 1	Form(Cash, Check, etc) check	
Full Name of Contributor R. Michael Taylor				Registration Number, if PAC	
Street Address 1643 Demaret Lane	Employer/Occupation/Labor Organization*		M 0	D 9	Amount 50.00
City Columbus	State O H	Zip Code 43228	Y 1	Form(Cash, Check, etc) check	
Full Name of Contributor Todd Kleismit				Registration Number, if PAC	
Street Address 101 Brevoort Dt.	Employer/Occupation/Labor Organization*		M 0	D 9	Amount 100.00
City Columbus	State O H	Zip Code 43214	Y 1	Form(Cash, Check, etc) check	
Full Name of Contributor Carole Depaola				Registration Number, if PAC	
Street Address 4944 Buck Thirn Ln.	Employer/Occupation/Labor Organization*		M 0	D 9	Amount 100.00
City Columbus	State O H	Zip Code 43220	Y 1	Form(Cash, Check, etc) check	
Full Name of Contributor Michael Daniels				Registration Number, if PAC	
Street Address 1271 Summit St. #K	Employer/Occupation/Labor Organization*		M 0	D 9	Amount 40.00
City Columbus	State O H	Zip Code 43201	Y 1	Form(Cash, Check, etc) cash	
Full Name of Contributor Ty D. Marsh				Registration Number, if PAC	
Street Address 57 Riverview Park Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Amount 150.00
City Columbus	State O H	Zip Code 43214	Y 1	Form(Cash, Check, etc) check	
Full Name of Contributor Joel Ghitman				Registration Number, if PAC	
Street Address 225 N. Stanwood	Employer/Occupation/Labor Organization*		M 0	D 9	Amount 25.00
City Columbus	State O H	Zip Code 43209	Y 1	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 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

830.00

Total expenditures this event

375.00

Page Total \$ **515.00**