

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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|--|-----------------------|---|-------------------|-------------------|--|-------------------------|--|
| Name of Committee in Full Citizens for Beryl Piccolantonio | | | | | | | |
| Full Name of Contributor Jeffrey Shellhammer | | | | | Registration Number, if PAC | | |
| Street Address 143 Brookhill Dr. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Gahanna | State O H | Zip Code 43230 | M 1 0 | D 1 0 | Y 1 5 | Amount 100.00 | |
| Full Name of Contributor Sheryl Williams | | | | | Registration Number, if PAC | | |
| Street Address 203 Lintner St. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) cash | | |
| City Gahanna | State O H | Zip Code 43230 | M 0 9 | D 2 0 | Y 1 5 | Amount 5.00 | |
| Full Name of Contributor Suzy Penny | | | | | Registration Number, if PAC | | |
| Street Address 1080 Venetian Way | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) cash | | |
| City Gahanna | State O H | Zip Code 43230 | M 1 0 | D 0 3 | Y 1 5 | Amount 20.00 | |
| Full Name of Contributor Henry Evans | | | | | Registration Number, if PAC | | |
| Street Address 6644 Feder Rd. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Galloway | State O H | Zip Code 43119 | M 1 0 | D 1 5 | Y 1 5 | Amount 250.00 | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M | D | Y | Amount | |
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* 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 \$ 375.00