Lafe T

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	<u> </u>							
Citizens for Beryl Piccolantonio								
Full Name of Contributor Registration Number, if						mber if D	PAC	
Stonewall Democrats of Central Ohio				i (vg.s.	44401114	moci, ii i	AC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
545 E. Town St.]						check	
City	State	:	Zip Code	М	D	Y	Amount	
Columbus	<u> </u>	Н	43215	11	1 1 1 0	113		75.00
Full Name of Contributor					ration Nur			7 3.00
Gahanna-Jefferson Fund for Children	in Public	c Ec	lucation					
Street Address	Employer/C	Occup	ation/Labor Organization*				Form (Cash,	Check, etc.)
160 S. Hamilton Rd.							check	•
City	State		Zip Code	М	D	Y	Amount	
Gahanna Full Name of Contributor	101	H	43230		104			1,000.00
				•	ration Num	ber, if P	AC	
Columbus Franklin County, AFL-CIO Street Address	<u> </u>		.	PC	Έ			
	Employer/C	Эссир	ation/Labor Organization*		-		Form (Cash, (Check, etc.)
1545 Alum Creek Dr., 2nd Fl.	 _			.,			check	•
Columbus	State		Zip Code	M	D	Y	Amount	
Full Name of Contributor	101	H	43209	10		13		300.00
	1 C	• 1	El o e i		ation Num	ber, if PA	AC	<u> </u>
Columbus/Central Ohio Building Trac	les Cour	ncii	-Education Fund	PC	E			
555 E. Rich St.	Employer/Occupation/Labor Organization*			Form (Cash, C	Check, etc.)			
City	State		Zip Code	1 14			check	
Columbus	I .	Н	ļ ⁻	M	D	Y	Amount	
Full Name of Contributor	101		43215	10		1 3		100.00
Columbus Sheet Metal Workers Cmtee	On Pol	itic	al Education	Registration Number, if PAC OH1053				
Street Address	Employer Occupation/Labor Organization*						Form (Cash, C	1 - 1 - 1 - 1 - 1
3035 Lamb Ave.	1							neck, etc.)
City	State		Zip Code	М	D	Y	check	
Columbus		Н	43219	110	l .	1 3	ranoun	100.00
Full Name of Contributor	<u>, </u>		10217	1	ntion Num		Ċ	100.00
IBEW PAC Voluntary Fund PCE						,		
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, C	heck, etc.)
900 Seventh St., N.W.	ļ						check	. ,
City	State		Zip Code	М	D	Ŷ	Amount	
Washington	D	C.	20001	1 0	217	113		500.00
full Name of Contributor				Registra	tion Num	er, if PA	С	5 0 0 10 0
Bill Hedrick					_			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
535 W. First Ave.							check	
•	State	_	Zip Code	М	D	Y	Amount	
Columbus Full Name of Contributor	011	H	43215	$1 \mid 0$		1 3		25.00
un Name of Contributor Registration Number, if PAC								
Lee Smith	IE1							
929 Harrison Ave.	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
ity	State		7 in Code				check	
Columbus		-i	Zip Code	M	D		Amount	400.00
uired for contributions from individuals over \$100 to statewide and gene		i	<u>43</u> 215	1 1	0 4	113		100.00

required for commonions 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 \$ 2,	200.00
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