



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Citizens for Beryl Piccolantonio				
Full Name of Contributor Justin Zink			Registration Number, if PAC	
Street Address 1192 City Park Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 43206	Date (MM/DD/YYYY) 6/25/19	Amount 25.00
Full Name of Contributor Michael Brown			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City	State OH <input checked="" type="radio"/>	Zip Code	Date (MM/DD/YYYY) 6/25/10	Amount 20.00
Full Name of Contributor Robert Dean			Registration Number, if PAC	
Street Address 449 Allanby Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	Date (MM/DD/YYYY) 6/28/2019	Amount 50.00
Full Name of Contributor Theresa Gehr			Registration Number, if PAC	
Street Address 322 E. Torrence Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 43214	Date (MM/DD/YYYY) 8/4/2019	Amount 150.00
Full Name of Contributor Aimee Amer			Registration Number, if PAC	
Street Address 1302 Totten Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City New Albany	State OH <input checked="" type="radio"/>	Zip Code 43054	Date (MM/DD/YYYY) 8/12/2019	Amount 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 also appear. [R.C. 3517.10(B)(4)]