

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Beryl Piccolantonio									
Full Name of Contributor Molly Selan						Registration Number, if PAC			
Street Address 1310 Pond Hollow Ln.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City New Albany		State O H		Zip Code 43054		M 0		D 5	
						Y 0		Amount 50.00	
Full Name of Contributor Sydney King						Registration Number, if PAC			
Street Address 1350 Webb Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Lakewood		State O H		Zip Code 44107		M 0		D 5	
						Y 1		Amount 10.00	
Full Name of Contributor Phillip Caito						Registration Number, if PAC			
Street Address 3490 Greenbank Ct.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State O H		Zip Code 43221		M 0		D 5	
						Y 1		Amount 50.00	
Full Name of Contributor Greg Haas						Registration Number, if PAC			
Street Address 1503 Runaway Bay Dr. Apt. C				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash	
City Columbus		State O H		Zip Code 43204		M 0		D 5	
						Y 1		Amount 20.00	
Full Name of Contributor T.J. Riggs						Registration Number, if PAC			
Street Address 2970 Fairfax Dr.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State O H		Zip Code 43220		M 0		D 6	
						Y 0		Amount 80.00	
Full Name of Contributor Greg Brown						Registration Number, if PAC			
Street Address Wilson Mills Rd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Chesterland		State O H		Zip Code 44026		M 0		D 7	
						Y 0		Amount 100.00	
Full Name of Contributor Jennifer Dillard						Registration Number, if PAC			
Street Address 898 Chelsea Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) paypal	
City Bexley		State O H		Zip Code 43209		M 0		D 7	
						Y 1		Amount 25.00	
Full Name of Contributor Michael Groner						Registration Number, if PAC			
Street Address 2141 Halcyon Rd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) paypal	
City Beachwood		State O H		Zip Code 44122		M 0		D 8	
						Y 2		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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 385.00