



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Citizens for Beryl Piccolantonio				
Full Name of Contributor Arthur Shantz			Registration Number, if PAC	
Street Address 410 Belle Haven Parkway		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Westerville	State OH <input checked="" type="radio"/>	Zip Code 43062	Date (MM/DD/YYYY) 7/8/2019	Amount 500.00
Full Name of Contributor Marcia Preston			Registration Number, if PAC	
Street Address 933 Bryn Mawr Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	Date (MM/DD/YYYY) 8/15/2019	Amount 25.00
Full Name of Contributor Leah Brown			Registration Number, if PAC	
Street Address 1268 Retreat Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City New Albany	State OH <input checked="" type="radio"/>	Zip Code 43065	Date (MM/DD/YYYY) 8/12/2019	Amount 75.00
Full Name of Contributor Jori Naegele			Registration Number, if PAC	
Street Address 911 Superior Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Huron	State OH <input checked="" type="radio"/>	Zip Code 43839	Date (MM/DD/YYYY) 8/4/2019	Amount 50.00
Full Name of Contributor Leigh Helsel			Registration Number, if PAC	
Street Address 7264 Northmont Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Blacklick	State OH <input checked="" type="radio"/>	Zip Code 43004	Date (MM/DD/YYYY) 8/27/19	Amount 100.00

\*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)]