31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Beryl Piccolantonio							
Full Name of Contributor						**Registration Number, if PAC**	
Kate Burke							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
6411 Ivy Lane #710							paypal
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Greenbelt	M I D	20770	0 8	2 5	1 5		30.00
Full Name of Contributor						**Registration Number, if PAC**	
Danielle Blue							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1625 Guillford Rd.							paypal
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O I H	43221	0 8	2 4	1 5		30.00
Full Name of Contributor						**Registration Number, if PAC**	
Michael Brown							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
23240 Chagrin Blvs. Suite 410							paypal
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Beachwood	O I H	44122	0 8	2 4	1 5		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Willa Ebersole							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2604 Northmont Dr.							paypal
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Blacklick	O I H	43004	0 8	1 2	1 5		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Sheryl Williams							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
203 Lintner St.							check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Gahanna	O I H	43230	0 9	0 3	1 5		25.00
Full Name of Contributor						**Registration Number, if PAC**	
Mary Dixon							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
847 Eastchester Dr.							paypal
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Gahanna	O I H	43230	0 9	0 7	1 5		15.00
Full Name of Contributor						**Registration Number, if PAC**	
Darrem Schehl							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
396 Olympia Fields Ct.							paypal
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Gahanna	O I H	43230	0 9	0 6	1 5		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Greg Brown							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3901 Superior Ave.							paypal
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Cleveland	O I H	44114	0 9	0 8	1 5		200.00

* 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 $ 450.00