

Full Name of Committee: Friends of Carol Beckerle				Event Date	Statement of Contributions Received at a Social or Fundraising Event Form 31-E ORC 3517.10 (B)						
FIRST NAME	LAST NAME	PAC REGISTRATION NUMBER	ADDRESS	CITY	STATE	ZIP	EMPLOYER	OCCUPATION	FORM OF CONTRIBUTIO N	DATE OF CONTRIBUTION	AMOUNT
Ernesta	Moody		464 E. Jeffrey Pl.	Columbus	OH	43214	Retired	Retired	Check	05/05/19	\$50.00
Gregory	Swart		1070 Merrimar Circle N. Apt. G	Columbus	OH	43220	Retired	Retired	Check	05/05/19	\$100.00
Erica	Drewry		919 Grandon Ave.	Bexley	OH	43209	COAAA	Social Worker	Check	05/05/19	\$100.00
Peter	Kranjak		2368 Bryden Road	Bexley	OH	43209	P.A.	Pediatrician	Check	05/05/19	\$100.00
John	Zervas		2927 Green Line Way	Columbus	OH	43231	Catholic Social Services	Social Worker	Check	05/05/19	\$200.00
Beth	Liston		2193 Stratingham Drive	Dublin	OH	43016	State of Ohio	State Representative also OSU Medical Center	Check	05/05/19	\$100.00
Rob	Ruhl		6820 Maxwellton Ct.	Columbus	OH	43235	RRC Contracting Services LLC	Construction	Check	05/05/19	\$350.00
Ellen	Wristen		929 S. Broadleigh Rd.	Columbus	OH	43209	Self	Attorney	Cash	05/05/19	\$7.00
Jaime	Franco-Serrano		1071 Sunbury	Columbus	OH	43219	Self	House cleaner	Cash	05/05/19	\$100.00
Stephanie	Franco		1071 Sunbury	Columbus	OH	43219	Self	Student	Cash	05/05/19	\$100.00
						Total Expenditures This Ever					
						\$0					
									Total Contributions This Event		\$1,207.00