



Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Citizens for Beryl Piccolantonio				
Full Name of Contributor Carole DePaola			Registration Number, if PAC	
Street Address 4944 Buck Thorn Ln.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/26/2019	Amount 100.00
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 43230	Form (Cash, Check, Etc check	
Full Name of Contributor Donna Simmons			Registration Number, if PAC	
Street Address 1341 Haybrook Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/26/2019	Amount 100.00
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	Form (Cash, Check, Etc check	
Full Name of Contributor Susan Lewis Kaylor			Registration Number, if PAC	
Street Address 3137 Grey Fox Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/26/2019	Amount 75.00
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	Form (Cash, Check, Etc check	
Full Name of Contributor Joan Petrusky			Registration Number, if PAC	
Street Address 310 Watling Rd.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/26/2019	Amount 50.00
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	Form (Cash, Check, Etc check	
Full Name of Contributor Tommie Radd			Registration Number, if PAC	
Street Address 1075 Arcaro Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 8/26/2019	Amount 50.00
City	State	Zip Code	Form (Cash, Check, Etc	

* 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)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
1910.00

Total Expenditures This Event

Page Total \$ 375.00