

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Beryl Piccolantonio										
Full Name of Contributor John Raphael						Registration Number, if PAC				
Street Address 261 E.N. Broadway			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus			State O H		Zip Code 43214		M 1 0	D 2 2	Y 1 3	Amount 1,500.00
Full Name of Contributor Heather Bishoff						Registration Number, if PAC				
Street Address 2902 Braden Wav			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) pavpal			
City Blacklick			State O H		Zip Code 43004		M 1 0	D 2 0	Y 1 3	Amount 150.00
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount

* 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 \$ 1,650.00