

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Beryl Piccolantonio					
Full Name of Contributor Jill Easterling				Registration Number, if PAC	
Street Address 424 Forestwood Dr.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Gahanna	State OH	Zip Code 43230	Form(Cash,Check,etc) cash		Amount 60.00
Full Name of Contributor Merisa Bowers				Registration Number, if PAC	
Street Address 363 Higlev Ct.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Gahanna	State OH	Zip Code 43230	Form(Cash,Check,etc) cash		Amount 60.00
Full Name of Contributor Virginia Hoffman				Registration Number, if PAC	
Street Address 708 Waybaugh Dr.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Gahanna	State OH	Zip Code 43230	Form(Cash,Check,etc) cash		Amount 20.00
Full Name of Contributor Ty Walker				Registration Number, if PAC	
Street Address 115 Town St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Gahanna	State OH	Zip Code 43230	Form(Cash,Check,etc) cash		Amount 50.00
Full Name of Contributor Shannon Walker				Registration Number, if PAC	
Street Address 115 Town St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Gahanna	State OH	Zip Code 43230	Form(Cash,Check,etc) cash		Amount 50.00
Full Name of Contributor Carol J. McKenna				Registration Number, if PAC	
Street Address 202 Academy Ct. W.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Gahanna	State OH	Zip Code 43230	Form(Cash,Check,etc) check		Amount 25.00
Full Name of Contributor Terise Ryan				Registration Number, if PAC	
Street Address 1306 Pond Hollow Ln.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City New Albany	State OH	Zip Code 43054	Form(Cash,Check,etc) check		Amount 30.00

* 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)]

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

Total expenditures this event

Page Total \$ 295.00