31-E
R.C. 3517.10(B)

Event Date 7/22/15
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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			Registration Number, if PAC				
Mandy Powell							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2927 Keannen St.			07	22	15	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Blacklick	OH	43004	check				
Full Name of Contributor			Registration Number, if PAC				
Marilyn Brown							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
34 W. Poplar Ave. Suite 205			07	22	15	250.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43215	check				
Full Name of Contributor			Registration Number, if PAC				
Deborah S. Hackathorn							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2490 Middlesex Rd.			07	22	15	100.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Upper Arlington	OH	43220	check				
Full Name of Contributor			Registration Number, if PAC				
G. Gary Tyack							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
427 Pittsfield Dr.			07	22	15	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Worthington	OH	43085	check				
Full Name of Contributor			Registration Number, if PAC				
Erica Kennedy							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
399 Hermitage Rd.			07	22	15	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Gahanna	OH	43230	check				
Full Name of Contributor			Registration Number, if PAC				
Julie Becker							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
466 Whitson Dr.			07	22	15	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Gahanna	OH	43230	check				
Full Name of Contributor			Registration Number, if PAC				
Tracey Larick							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
949 Harmony Ct.			07	22	15	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Gahanna	OH	43230	check				

* 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.

ANP 600.00

Total contributions this event

Total expenditures this event

Page Total $ ~~550.00~~