



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Beryl Piccolantonio				
Full Name of Contributor Gahanna Jefferson Fund for Children in Public Education			Registration Number, if PAC	
Street Address 160 S. Hamilton Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) money order
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	Date (MM/DD/YYYY) 11/3/2019	Amount 1,000
Full Name of Contributor Daphne Moehring for Gahanna School Board			Registration Number, if PAC	
Street Address 311 Watling Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Gahanna	State OH <input checked="" type="radio"/>	Zip Code 43230	Date (MM/DD/YYYY) 12/10/2019	Amount 1,255.38
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	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 also appear. [R.C. 3517.10(B)(4)]