

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 Tammy Wharton			Registration Number, if PAC			
Street Address 1135 Northwood Cir.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15	Amount 50.00
City New Albany	State O H	Zip Code 43054	Form (Cash, Check, etc) check			
Full Name of Contributor Karem Crognale			Registration Number, if PAC			
Street Address 2891 Langly Ct.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15	Amount 50.00
City Blacklick	State O H	Zip Code 43004	Form (Cash, Check, etc) check			
Full Name of Contributor Beatrice Euton			Registration Number, if PAC			
Street Address 1255 Curve Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15	Amount 50.00
City Deleware	State O H	Zip Code 43015	Form (Cash, Check, etc) check			
Full Name of Contributor Columbus Sheet Metal Workers Committee on Political Education			Registration Number, if PAC OH1053			
Street Address 3035 Lamb Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15	Amount 70.00
City Columbus	State O H	Zip Code 43219	Form (Cash, Check, etc) check			
Full Name of Contributor Columbus/Central OH Building Trades-Education Fund			Registration Number, if PAC			
Street Address 555 E. Rich St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15	Amount 75.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) check			
Full Name of Contributor Daniel O'connor			Registration Number, if PAC			
Street Address 464 Northridge Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15	Amount 50.00
City Columbus	State O H	Zip Code 43214	Form (Cash, Check, etc) paypal			
Full Name of Contributor Lee Smith			Registration Number, if PAC			
Street Address 929 Harrison Ave. Suite 300	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15	Amount 150.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) paypal			

* 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

1965.00

Total expenditures this event

199.43

Page Total \$ **495.00**