Event Date	7/22/15
Page	8

Statement of Contributions Received at a Social or Fundraising Event

Citizens for Beryl Piccolantonio Registration Number, if PAC Tammy Wharton		Prescribed	by Secr	etary of State 3/05							
Full Name of Contributor State Zip Code Carbon Family Famount	Name of Committee in Full										
Tammy Wharton Employer/Occupation/Labor Organization* M D Y Amount 1135 Northwood Cir. State Zip Code Check Registration Number, if PAC State Zip Code Check Che	Citizens for Beryl Piccolantonio										
Street Address	Full Name of Contributor	7 - A			Registration Number, if PAC						
1135 Northwood Cir.	Tammy Wharton										
State Zip Code Farm(Cash, Check, etc) Check	Street Address	Employ	er/Occur	pation/Labor Organization*	М	D	Y	Amount			
State New Albany	1135 Northwood Cir.				0 7	212	115		50.00		
Full Name of Contributor Karem Crognale	City	Si	ate	Zip Code							
Full Name of Contributor Karem Crognale	New Albany	10	H	43054		check	•				
Street Address Employer/Occupation/Labor Organization* M	Full Name of Contributor		<u> </u>	<u> </u>							
Street Address Employer/Occupation/Labor Organization* M	Karem Crognale										
State Zip Code Check C	Street Address	Employ	er/Occur	pation/Labor Organization*	м	D	Y	Amount			
State Zip Code Check C	2891 Langly Ct.			_	017	212	1 5		50.00		
Blacklick	City	St	State Zip Code								
Full Name of Contributor Beatrice Euton		10	l H	43004							
Beatrice Euton Street Address Employer/Occupation/Labor Organization* M D Y Amount 1255 Curve Rd. State Zip Code Form(Cash,Check,etc) Check	Full Name of Contributor				Registra			PAC			
Street Address	Beatrice Euton				"		•				
1255 Curve Rd.	Street Address	Employ	er/Occur	pation/Labor Organization*	м	D	Y	Amount			
State Zip Code Form(Cash, Check, etc.) Check Pull Name of Contributor Columbus Sheet Metal Workers Committee on Political Education Check Chec	1255 Curve Rd.					212	1 5		50.00		
Deleware	City	St	tate	Zip Code					00.00		
Full Name of Contributor	Deleware	10	L ·								
Columbus Sheet Metal Workers Committee on Political Education	<u></u>						Registration Number, if PAC				
Street Address Employer/Occupation/Labor Organization* M D Y Amount O 7 2 2 1 5 70.00						- Table - Tabl					
State Zip Code Check C						T	Υ	Amount			
State Zip Code Check C	3035 Lamb Ave					212	1 5		70.00		
Columbus		Ši	ate	Zip Code							
Full Name of Contributor		lο	ΙН	43219		check					
Employer/Occupation/Labor Organization*											
Employer/Occupation/Labor Organization*	Columbus/Central OH Building Trades	⊱Educa	tion F	und	1						
State Zip Code Form(Cash,Check,etc) Columbus						D	Y	Amount			
State Zip Code Form(Cash, Check, etc.)		` `	, , , , ,		017	212	1 5		75.00		
Columbus O H 43215 check Full Name of Contributor Daniel O'connor Employer/Occupation/Labor Organization* M D Y Amount 464 Northridge Rd. State Zip Code Form(Cash, Check, etc) 50.00 City State Zip Code Form(Cash, Check, etc) paypal Full Name of Contributor Lee Smith Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount 929 Harrison Ave. Suite 300 State Zip Code Form(Cash, Check, etc) City State Zip Code Form(Cash, Check, etc)		St	tate	Zip Code							
Pull Name of Contributor Daniel O'connor Street Address Employer/Occupation/Labor Organization* M D Y Amount 464 Northridge Rd. State Zip Code Form(Cash,Check,etc) D H 43214 Paypal Full Name of Contributor Lee Smith Street Address Employer/Occupation/Labor Organization* M D Y Amount PAC D Paypal Street Address Employer/Occupation/Labor Organization* M D Y Amount O 7 2 2 1 5 150.00 City State Zip Code Form(Cash,Check,etc) Today Tod		lο	O H 43215								
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor	T U				Registration Number, if PAC					
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Daniel O'connor										
A64 Northridge Rd.	Street Address	Employ	er/Occur	pation/Labor Organization*	М	D	Y	Amount			
City State Zip Code Form(Cash,Check,etc) Columbus O H 43214 paypal Full Name of Contributor Registration Number, if PAC Lee Smith Employer/Occupation/Labor Organization* M D Y Amount 929 Harrison Ave. Suite 300 State Zip Code Form(Cash,Check,etc)			, , , , , , , , , , , , , , , , , , , ,			2 2	1 5	į	50.00		
Columbus O H 43214 paypal Full Name of Contributor Lee Smith Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount Y Amount 929 Harrison Ave. Suite 300 0 7 2 2 1 1 5 150.00 City State Zip Code Form(Cash,Check,etc)		Si	State Zip Code								
Registration Number, if PAC Lee Smith Street Address Employer/Occupation/Labor Organization* M D Y Amount 0 7 2 2 1 5 150.00	· ·			4 ·		pavpa	ıl				
Lee Smith Street Address Employer/Occupation/Labor Organization* M D Y Amount 929 Harrison Ave. Suite 300 0 7 2 2 1 5 150.00 City State Zip Code Form(Cash,Check,etc)	Full Name of Contributor		• • •		_			PAC			
Employer/Occupation/Labor Organization* M D Y Amount											
929 Harrison Ave. Suite 300 0 7 2 2 1 5 150.00 City State Zip Code Form(Cash, Check, etc.)		Employ	Employer/Occupation/Labor Organization*			D	Y	Amount			
City State Zip Code Form(Cash,Check,etc)		' '				2 2	1 5		150.00		
		S	tate	Zip Code							
	a -		_	·	1						

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 No. 31-E" and list the date of the event in the date column.

Total contribution	ns this event
1065.M)

^{*} 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)]