

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 Melissa Renner				Registration Number, if PAC	
Street Address 740 Quaker Ridge Ct.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Gahanna	State OH	Zip Code 43230	Form(Cash,Check,etc) check		Amount 150.00
Full Name of Contributor Robert Crosby, Jr.				Registration Number, if PAC	
Street Address 1520 Thurell Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Columbus	State OH	Zip Code 43229	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor Carla Williams-Scott				Registration Number, if PAC	
Street Address 462 Beaverbrook Dr.	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 Debe Turnbull				Registration Number, if PAC	
Street Address 379 Electric Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Westerville	State OH	Zip Code 43081	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor Michael Schadek				Registration Number, if PAC	
Street Address 1537 Guilford Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Upper Arlington	State OH	Zip Code 43221	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor Henry Evans				Registration Number, if PAC	
Street Address 6644 Feder Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Galloway	State OH	Zip Code 43119	Form(Cash,Check,etc) check		Amount 150.00
Full Name of Contributor Benjamin Horton				Registration Number, if PAC	
Street Address 936 Sheridan Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) check		Amount 100.00

* 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 \$ 575.00