Page 3
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		creary of State 3/05	·				
Citizens for Beryl Piccolantor	uio						
Full Name of Contributor			Registration)	Number, if PA			
Docile Jim Brady			registration :	vuinci, ii fa	C		
Street Address	Employer/Occup	ation/Labor Organizatio	n*		Form (Cash (Therely Table 3	
585 Brookside Dr.	, , , , , , , , , , , , , , , , , , , ,				Form (Cash, Check, etc.)		
City	State	Zip Code	M D	T y	_paypal Amount		
Columbus	О Н	43209	019 01		rusount	10.00	
Full Name of Contributor			Registration N		, 	10.00	
Tammy Wharton				· 4	•		
Street Address	Employer/Occupa	tion/Labor Organizatio	n*		Form (Cash, C	haufi ara Y	
1135 Northwood Cir.		•		ľ		neck, etc.)	
City	State	Zip Code	M D	TY	paypal		
New Albany	О Н	43054	0 9 1	1 - 1	шоны	50.00	
Full Name of Contributor			Registration N			50.00	
Beatrice Euton					•		
Street Address	Employer/Occupat	tion/Labor Organization	*	TE	orm (Cash, Cl	ant eta l	
1255 Curve Dr.		-		ľ	check	iota, etc.)	
City	State	Zip Code	M D	ΙΥΑ	mount		
Deleware	ОН	43015	019 21			100.00	
Full Name of Contributor			Registration No			100.00	
Donald Spicer Street Address				,			
• •	Employer/Occupati	ion/Labor Organization		Ē	orm (Cash, Ch	eck etc.)	
1480 Dublin Rd.					paypal	~~, ~~.,	
	State	Zip Code	M D	Y A	mount		
Columbus Full Name of Contributor	O H	43215	0 9 1 8	3 1 3		100.00	
	· · · · · · · · · · · · · · · · · · ·		Registration Nu			100.00	
Melissa Sull Street Address			[
·	Employer/Occupati	on/Labor Organization	<u> </u>	Fo	rm (Cash, Ch	ck, etc.)	
1070 Brookhouse Ln.					pavpal		
*	1 [ip Code	M D		nount		
Gahanna Full Name of Contributor	OH	43230	019 219	1 3		50.00	
	···		Registration Nu			50.00	
David Palguta Street Address			Ĺ				
	Employer/Occupation	on/Labor Organization*		Fo	rm (Cash, Che	ck, etc.)	
2687 Northmont Dr.					check		
Blacklick		ip Code	M D		ount		
ull Name of Contributor	O H	43004	1005	1 3		50.00	
			Registration Nur	aber, if PAC			
Daphne Moehring							
441 Lily Pond Ct.	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
ity					check		
Gahanna	ا ده د د ا	p Code	M D	Y Am	ount		
ill Name of Contributor	OH	43230	1004			100.00	
Linda Woggon			Registration Nun	iber, if PAC			
reet Address	Tr	7.1.6					
47 King Beach Ct.	Employer/Occupation/Labor Organization*			Fon	Form (Cash, Check, etc.)		
ty	See Iso				<u>heck</u>		
Howard	1 - 1 - 1	p Code	M D		ount		
ired for contributions from individuals over \$100 to state	O H .	43028	1 0 1 0	1 3		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)]

Page Total S	560.00