

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Beryl Piccolantonio									
Full Name of Contributor Docile Jim Brady						Registration Number, if PAC			
Street Address 585 Brookside Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) paypal		
City Columbus			State O H		Zip Code 43209		M D Y 0 9 0 2 1 3		Amount 10.00
Full Name of Contributor Tammy Wharton						Registration Number, if PAC			
Street Address 1135 Northwood Cir.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) paypal		
City New Albany			State O H		Zip Code 43054		M D Y 0 9 1 6 1 3		Amount 50.00
Full Name of Contributor Beatrice Euton						Registration Number, if PAC			
Street Address 1255 Curve Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Deleware			State O H		Zip Code 43015		M D Y 0 9 2 0 1 3		Amount 100.00
Full Name of Contributor Donald Spicer						Registration Number, if PAC			
Street Address 1480 Dublin Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) paypal		
City Columbus			State O H		Zip Code 43215		M D Y 0 9 1 8 1 3		Amount 100.00
Full Name of Contributor Melissa Sull						Registration Number, if PAC			
Street Address 1070 Brookhouse Ln.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) paypal		
City Gahanna			State O H		Zip Code 43230		M D Y 0 9 2 9 1 3		Amount 50.00
Full Name of Contributor David Palguta						Registration Number, if PAC			
Street Address 2687 Northmont Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blacklick			State O H		Zip Code 43004		M D Y 1 0 0 5 1 3		Amount 50.00
Full Name of Contributor Daphne Moehring						Registration Number, if PAC			
Street Address 441 Lily Pond Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gahanna			State O H		Zip Code 43230		M D Y 1 0 0 4 1 3		Amount 100.00
Full Name of Contributor Linda Woggon						Registration Number, if PAC			
Street Address 47 King Beach Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Howard			State O H		Zip Code 43028		M D Y 1 0 1 0 1 3		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)]

Page Total \$ 560.00