

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 Jori Bloom Naegele			Registration Number, if PAC			
Street Address 911 Superior Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 13	Amount 50.00
City Huron	State OH	Zip Code 44839	Form(Cash, Check, etc) paypal			
Full Name of Contributor Danielle Blue			Registration Number, if PAC			
Street Address 1625 Guilford Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 13	Amount 25.00
City Columbus	State OH	Zip Code 43221	Form(Cash, Check, etc) paypal			
Full Name of Contributor Brendan Kelley			Registration Number, if PAC			
Street Address 964 N. 4th St.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 13	Amount 50.00
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) paypal			
Full Name of Contributor Carol J. McKenna			Registration Number, if PAC			
Street Address 202 Academy Ct. W.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 13	Amount 30.00
City Gahanna	State OH	Zip Code 43230	Form(Cash, Check, etc) check			
Full Name of Contributor Robert W. Crosby Jr.			Registration Number, if PAC			
Street Address 1520 Thurell Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 13	Amount 35.00
City Columbus	State OH	Zip Code 43229	Form(Cash, Check, etc) check			
Full Name of Contributor Joseph R. Smith			Registration Number, if PAC			
Street Address 234 S. 17th St.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 13	Amount 75.00
City Columbus	State OH	Zip Code 43205	Form(Cash, Check, etc) check			
Full Name of Contributor Citizens for Jolley			Registration Number, if PAC			
Street Address 187 Regents Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 13	Amount 50.00
City Gahanna	State OH	Zip Code 43230	Form(Cash, Check, etc) check			

* 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

830.00

Total expenditures this event

375.00

Page Total \$ **315.00**