



Statement of Contributions Received

Form 31-A

ORC	3517	7.10
OINO	0011	

Fall Name of Committee					
Full Name of Committee					
KEEP HILLIARD BEAUTIFUL					
Full Name of Contributor				Registration Number	er, if PAC
THOMAS BAKER					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
4893 BRIXTON DR.			CHECK		
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
HILLIARD	ОН	43026	07/13/2018		1400.00
Full Name of Contributor Registration Number			Registration Number	er, if PAC	
TIMOTHY RYAN					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
4896 BRIXTON DR.					CHECK
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
HILLIARD	он	43026		10/03/2018	25.00
Full Name of Contributor	ame of Contributor Registration Number			er, if PAC	
JEFFREY M. GERGAL					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
5038 MENGEL LANE					CHECK
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
HILLIARD	ОН	43026	10/03/2018		500.00
Full Name of Contributor				Registration Number	er, if PAC
LARRY J. EARMAN					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
4681 PRESTIGE LANE	CHECK				
City	State	Zip Code	Date (MM/DI	D/YYY)	Amount
HILLIARD	ОН	43026		10/03/2018	500.00
Full Name of Contributor Registration Number			er, if PAC		
SARAH W. SCHRODER					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
3830 BRAIDWOOD DR.				CHECK	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
HILLIAMO	он	43026	10/17/2018 15		150.00

*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 also appear. [R.C. 3517.10(B)(4)]

Page	Total 2575.00	
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