Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full														
KEEP HILLIARD BEAUTIFUL PAC														
Full Name of Contributor												Registration Number, if PAC		
DANIELLE BAKER														
Street Address				Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
3826 PREASANTBROOKS DR.													ELECTRONIC	
City		State		Zip Code		M		D		Y			Amount	
HILLIARD		O	H	43026		0	2	0	9	1	6			50.00
Full Name of Contributor												Registration Number, if PAC		
MINDY S. WATKINS														
Street Address				Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
3984 MAIN ST.													ELECTRONIC	
City		State		Zip Code		M		D		Y			Amount	
HILLIARD		O	H	43026		0	2	1	5	1	6			50.00
Full Name of Contributor												Registration Number, if PAC		
JOSEPH WATKINS, JR.														
Street Address				Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
3984 MAIN ST.													ELECTRONIC	
City		State		Zip Code		M		D		Y			Amount	
HILLIARD		O	H	43026		0	2	1	5	1	6			50.00
Full Name of Contributor												Registration Number, if PAC		
ANGELA MIDKIFF														
Street Address				Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
4578 FERN TRAIL DR.													ELECTRONIC	
City		State		Zip Code		M		D		Y			Amount	
HILLIARD		O	H	43026		0	2	2	1	1	6			50.00
Full Name of Contributor												Registration Number, if PAC		
DENISE REGENBOGEN														
Street Address				Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
4750 COOLBROOK DR.													ELECTRONIC	
City		State		Zip Code		M		D		Y			Amount	
HILLIARD		O	H	43026		0	2	2	4	1	6			25.00
Full Name of Contributor												Registration Number, if PAC		
CONTRIBUTIONS FROM FORM NO. 31-E														
Street Address				Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
City		State		Zip Code		M		D		Y			Amount	
						0	2	0	6	1	6			3,322.00
Full Name of Contributor												Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
City		State		Zip Code		M		D		Y			Amount	
Full Name of Contributor												Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*									Form (Cash, Check, etc.)	
City		State		Zip Code		M		D		Y			Amount	

* 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 $ 3,547.00