



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee KEEP HILLIARD BEAUTIFUL				
Full Name of Contributor NORMA TARAZI			Registration Number, if PAC	
Street Address 3818 STONETHROW CT. E.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CREDIT CARD	
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 09/27/2018	Amount 50.00
Full Name of Contributor LYLE MOOG			Registration Number, if PAC	
Street Address 3786 CLAY BANK DR.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CREDIT CARD	
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 09/29/2018	Amount 50.00
Full Name of Contributor TOM SMITH			Registration Number, if PAC	
Street Address 5441 RICHLANE DR.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CREDIT CARD	
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/05/2018	Amount 15.00
Full Name of Contributor NORMA TARAZI			Registration Number, if PAC	
Street Address 3818 STONETHROW CT. E.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CREDIT CARD	
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/09/2018	Amount 50.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			

*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)]