

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

|                                                                                |  |                     |                                         |  |               |                                               |               |               |                          |
|--------------------------------------------------------------------------------|--|---------------------|-----------------------------------------|--|---------------|-----------------------------------------------|---------------|---------------|--------------------------|
| Name of Committee in Full<br><b>KEEP HILLIARD BEAUTIFUL PAC</b>                |  |                     |                                         |  |               |                                               |               |               |                          |
| Full Name of Contributor<br><b>PETER MARSH (CANCELLED CREDIT CARD DEPOSIT)</b> |  |                     |                                         |  |               | Registration Number, if PAC                   |               |               |                          |
| Street Address<br><b>3563 GOLDENROD ST.</b>                                    |  |                     | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)<br><b>ELECTRONIC</b> |               |               |                          |
| City<br><b>HILLIARD</b>                                                        |  | State<br><b>O H</b> | Zip Code<br><b>43026</b>                |  | M<br><b>0</b> | D<br><b>2</b>                                 | Y<br><b>2</b> | Y<br><b>4</b> | Amount<br><b>(50.00)</b> |
| Full Name of Contributor<br><b>PAUL LAMBERT</b>                                |  |                     |                                         |  |               | Registration Number, if PAC                   |               |               |                          |
| Street Address<br><b>4697 PRESTIGE LANE</b>                                    |  |                     | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)<br><b>ELECTRONIC</b> |               |               |                          |
| City<br><b>HILLIARD</b>                                                        |  | State<br><b>O H</b> | Zip Code<br><b>43026</b>                |  | M<br><b>0</b> | D<br><b>2</b>                                 | Y<br><b>2</b> | Y<br><b>8</b> | Amount<br><b>100.00</b>  |
| Full Name of Contributor<br><b>KENDRA REEDER</b>                               |  |                     |                                         |  |               | Registration Number, if PAC                   |               |               |                          |
| Street Address<br><b>5060 CLAYMILL DRIVE</b>                                   |  |                     | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)<br><b>ELECTRONIC</b> |               |               |                          |
| City<br><b>HILLIARD</b>                                                        |  | State<br><b>O H</b> | Zip Code<br><b>43026</b>                |  | M<br><b>0</b> | D<br><b>2</b>                                 | Y<br><b>2</b> | Y<br><b>8</b> | Amount<br><b>30.00</b>   |
| Full Name of Contributor<br><b>PAUL LAMBERT (CANCEL TEST DEPOSIT)</b>          |  |                     |                                         |  |               | Registration Number, if PAC                   |               |               |                          |
| Street Address<br><b>4697 PRESTIGE LANE</b>                                    |  |                     | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)<br><b>ELECTRONIC</b> |               |               |                          |
| City<br><b>HILLIARD</b>                                                        |  | State<br><b>O H</b> | Zip Code<br><b>43026</b>                |  | M<br><b>0</b> | D<br><b>3</b>                                 | Y<br><b>0</b> | Y<br><b>1</b> | Amount<br><b>(1.00)</b>  |
| Full Name of Contributor<br><b>DAVID GARDNER (CANCEL TEST DEPOSITS)</b>        |  |                     |                                         |  |               | Registration Number, if PAC                   |               |               |                          |
| Street Address<br><b>1950 NORTHWEST BLVD.</b>                                  |  |                     | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)<br><b>ELECTRONIC</b> |               |               |                          |
| City<br><b>UPPER ARLINGTON</b>                                                 |  | State<br><b>O H</b> | Zip Code<br><b>43212</b>                |  | M<br><b>0</b> | D<br><b>3</b>                                 | Y<br><b>0</b> | Y<br><b>1</b> | Amount<br><b>(2.00)</b>  |
| Full Name of Contributor<br><b>MARK BEADLES</b>                                |  |                     |                                         |  |               | Registration Number, if PAC                   |               |               |                          |
| Street Address<br><b>5576 EDIE DRIVE</b>                                       |  |                     | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)<br><b>ELECTRONIC</b> |               |               |                          |
| City<br><b>HILLIARD</b>                                                        |  | State<br><b>O H</b> | Zip Code<br><b>43026</b>                |  | M<br><b>0</b> | D<br><b>3</b>                                 | Y<br><b>0</b> | Y<br><b>2</b> | Amount<br><b>25.00</b>   |
| Full Name of Contributor<br><b>KATHRYN TEFFT-KELLER</b>                        |  |                     |                                         |  |               | Registration Number, if PAC                   |               |               |                          |
| Street Address<br><b>3476 RIVER NARROWS ROAD</b>                               |  |                     | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)<br><b>ELECTRONIC</b> |               |               |                          |
| City<br><b>HILLIARD</b>                                                        |  | State<br><b>O H</b> | Zip Code<br><b>43026</b>                |  | M<br><b>0</b> | D<br><b>3</b>                                 | Y<br><b>0</b> | Y<br><b>4</b> | Amount<br><b>50.00</b>   |
| Full Name of Contributor<br><b>BRIAN WILSON</b>                                |  |                     |                                         |  |               | Registration Number, if PAC                   |               |               |                          |
| Street Address<br><b>3847 RIVER CROSSING DRIVE</b>                             |  |                     | Employer/Occupation/Labor Organization* |  |               | Form (Cash, Check, etc.)<br><b>ELECTRONIC</b> |               |               |                          |
| City<br><b>HILLIARD</b>                                                        |  | State<br><b>O H</b> | Zip Code<br><b>43026</b>                |  | M<br><b>0</b> | D<br><b>3</b>                                 | Y<br><b>0</b> | Y<br><b>5</b> | Amount<br><b>50.00</b>   |

\* 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 \$ 202.00