31-E
R.C. 3517.10(B)

Event Date 3-11-2016
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Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full
KEEP HILLIARD BEAUTIFUL PAC

Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if PAC							
MARY LOU WOOD									
Street Address		M		D		Y		Amount	
4786 HILLCREST ST. S.		0	3	1	1	1	6		50.00
City	State	Zip Code	Form(Cash,Check,etc)						
HILLIARD	O H	43026	CHECK						
Full Name of Contributor		Registration Number, if PAC							
LORI A. SARKEL									
Street Address	Employer/Occupation/Labor Organization*	M		D		Y		Amount	
4734 RIVER RUN DRIVE		0	3	1	1	1	6		50.00
City	State	Zip Code	Form(Cash,Check,etc)						
HILLIARD	O H	43026	CHECK						
Full Name of Contributor		Registration Number, if PAC							
CLARENCE J. CUNNIGNHAM									
Street Address	Employer/Occupation/Labor Organization*	M		D		Y		Amount	
3480 SCIOTO RUN BLVD.		0	3	1	1	1	6		40.00
City	State	Zip Code	Form(Cash,Check,etc)						
HILLIARD	O H	43026	CHECK						
Full Name of Contributor		Registration Number, if PAC							
KENNETH J. SCHMIDT									
Street Address	Employer/Occupation/Labor Organization*	M		D		Y		Amount	
3480 VINTAGE WOODS DR.		0	3	1	1	1	6		25.00
City	State	Zip Code	Form(Cash,Check,etc)						
HILLIARD	O H	43026	CHECK						
Full Name of Contributor		Registration Number, if PAC							
JOAN R. MCELHENY									
Street Address	Employer/Occupation/Labor Organization*	M		D		Y		Amount	
3825 DAYSPRING DR.		0	3	1	1	1	6		25.00
City	State	Zip Code	Form(Cash,Check,etc)						
HILLIARD	O H	43026	CHECK						
Full Name of Contributor		Registration Number, if PAC							
ROBERT J. APEL									
Street Address	Employer/Occupation/Labor Organization*	M		D		Y		Amount	
4633 HAYDEN RUN ED.		0	3	1	1	1	6		25.00
City	State	Zip Code	Form(Cash,Check,etc)						
COLUMBUS	O H	43221	CHECK						
Full Name of Contributor		Registration Number, if PAC							
JIM E. DOUGHERTY									
Street Address	Employer/Occupation/Labor Organization*	M		D		Y		Amount	
5232 NORWICH ST.		0	3	1	1	1	6		25.00
City	State	Zip Code	Form(Cash,Check,etc)						
HILLIARD	O H	43026	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

Total expenditures this event

Page Total $ 240.00