

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			Registration Number, if PAC		
LISA R. STARK					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3814 RIVER CROSSING DRIVE		0	3	1	50.00
City	State	Zip Code		Form(Cash, Check, etc)	
HILLIARD	O	H	43026		CHECK
Full Name of Contributor			Registration Number, if PAC		
KEY CONDULTON. LLC					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
4549 DIRHAM LANE		0	3	1	100.00
City	State	Zip Code		Form(Cash, Check, etc)	
HILLIARD	O	H	43026		CHECK
Full Name of Contributor			Registration Number, if PAC		
MICHAEL MCCLOUD					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3608 DOCKSIDE COURT		0	3	1	100.00
City	State	Zip Code		Form(Cash, Check, etc)	
HILLIARD	O	H	43026		CHECK
Full Name of Contributor			Registration Number, if PAC		
DENISE J. PORTER					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3653 E. LINKS CIRCLE		0	3	1	50.00
City	State	Zip Code		Form(Cash, Check, etc)	
HILLIARD	O	H	43026		CHECK
Full Name of Contributor			Registration Number, if PAC		
DOUGLAS B. ROSS					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
4373 SHIRE CREEK COURT		0	3	1	100.00
City	State	Zip Code		Form(Cash, Check, etc)	
HILLIARD	O	H	43026		CHECK
Full Name of Contributor			Registration Number, if PAC		
CARA ADAMS					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3373 WOODLAND DRIVE		0	3	1	75.00
City	State	Zip Code		Form(Cash, Check, etc)	
HILLIARD	O	H	43026		CHECK
Full Name of Contributor			Registration Number, if PAC		
DENISE CASTLE					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3194 CASSEY STREET		0	3	1	30.00
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 \$ **505.00**