31-E
R.C. 3517.10(B)

Event Date 2-6-2016
Page 3

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			
DIANE MGLINCHEY				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
4789 AUGUSTUS COURT		02	06	16	40.00
City	State	Zip Code	Form(Cash,Check,etc)	
HILLIARD	OH	43026	CASH	
Full Name of Contributor	Registration Number, if PAC			
DAVE OPALEK				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
4867 BARBEAU		02	06	16	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
HILLIARD	OH	43026	CASH	
Full Name of Contributor	Registration Number, if PAC			
KRISTEN PETERSEN				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3424 ST. CHARLES LN.		02	06	16	20.00
City	State	Zip Code	Form(Cash,Check,etc)	
HILLIARD	OH	43026	CASH	
Full Name of Contributor	Registration Number, if PAC			
MICHELE A. PIKO				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3408 TORRINGTON ST.		02	06	16	10.00
City	State	Zip Code	Form(Cash,Check,etc)	
HILLIARD	OH	43026	CASH	
Full Name of Contributor	Registration Number, if PAC			
JEFF PONTIUS				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3390 WOODLAND DRIVE		02	06	16	10.00
City	State	Zip Code	Form(Cash,Check,etc)	
HILLIARD	OH	43026	CASH	
Full Name of Contributor	Registration Number, if PAC			
KATIE PONTIUS				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3390 WOODLAND DRIVE		02	06	16	2.00
City	State	Zip Code	Form(Cash,Check,etc)	
HILLIARD	OH	43026	CASH	
Full Name of Contributor	Registration Number, if PAC			
RICHARD D. POTTS				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3754 AMERINE LANE		02	06	16	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
HILLIARD	OH	43026	CASH	

* 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 $ 182.00