



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> KEEP HILLIARD BEAUTIFUL				
Full Name of Contributor PAT HARVIE			Registration Number, if PAC	
Street Address 3623 HERITAGE CLUB DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CREDIT CARD
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 02/03/2018	Amount 50.00
Full Name of Contributor LES CARRIER			Registration Number, if PAC	
Street Address 4394 SHIRE CREEK CT.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CREDIT CARD
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 02/03/2018	Amount 500.00
Full Name of Contributor PAT HARVIE			Registration Number, if PAC	
Street Address 3623 HERITAGE CLUB DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CRDIT CARD
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 02/03/2018	Amount 200.00
Full Name of Contributor NORMA TARAZI			Registration Number, if PAC	
Street Address 3818 STONESTHROW CT. E.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CREDIT CARD
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 02/04/2018	Amount 100.00
Full Name of Contributor LARRY EARMAN			Registration Number, if PAC	
Street Address 4681 PRESTIGE LN.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 02/12/2018	Amount 200.00

\*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)]

Page Total 1050.00