

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
KEEP HILLIARD BEAUTIFUL						
Full Name of Contributor Registration Num					ber, if PAC	
FRANK LES CARRIER						
Street Address	Employer	/Occupation/Labor Or	L	Form (Cash, Check, etc.)		
4394 SHIRE CREEK COURT			PAID LAW FIRM DIRECT			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
HILLIARD	ОН	43026		01/23/2018	1,250.00	
Full Name of Contributor	er, if PAC					
FRANK LES CARRIER			İ			
Street Address	Employer	Occupation/Labor Or	Form (Cash, Check, etc.)			
4394 SHIRE CREEK COURT			PAID LAW FIRM DIRECT			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
HILLIARD	ОН	43026		06/18/2018	1,000.00	
Full Name of Contributor Registration Number					er, if PAC	
ANDREW TEATER						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
3837 DAYSPRING DR.			PAID LAW FIRM DIRECT			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
HILLIARD	ОН	43026	06/18/2018		1,000.00	
Full Name of Contributor			Registration Numb		er, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
	ОН					
Full Name of Contributor		Regi			gistration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
	ОН					

*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	3,250.00	