

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		
MICHAEL MCCLOUD					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3608 DOCKSIDE CT			0	2	0
City	State	Zip Code	Amount		
HILLIARD	O	H	6	1	6
			100.00		
			Form(Cash,Check,etc)		
			CHECK		
Full Name of Contributor			Registration Number, if PAC		
C. BRENT ALLEN					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3845 DARBYSHIRE DRIVE			0	2	0
City	State	Zip Code	Amount		
HILLIARD	O	H	6	1	6
			50.00		
			Form(Cash,Check,etc)		
			CHECK		
Full Name of Contributor			Registration Number, if PAC		
ANGELA R. ANDUJAR					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
4553 KRIGGSBY BLVD.			0	2	0
City	State	Zip Code	Amount		
HILLIARD	O	H	6	1	6
			50.00		
			Form(Cash,Check,etc)		
			CHECK		
Full Name of Contributor			Registration Number, if PAC		
MICHAEL T. ATKINS					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
4896 BARBEAU LN.			0	2	0
City	State	Zip Code	Amount		
HILLIARD	O	H	6	1	6
			100.00		
			Form(Cash,Check,etc)		
			CHECK		
Full Name of Contributor			Registration Number, if PAC		
TED BARROWS					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
4834 SARASOTA DRIVE			0	2	0
City	State	Zip Code	Amount		
HILLIARD	O	H	6	1	6
			200.00		
			Form(Cash,Check,etc)		
			CHECK		
Full Name of Contributor			Registration Number, if PAC		
JEFFREY L. BUNDY					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
5606 EDIE DRIVE			0	2	0
City	State	Zip Code	Amount		
HILLIARD	O	H	6	1	6
			50.00		
			Form(Cash,Check,etc)		
			CHECK		
Full Name of Contributor			Registration Number, if PAC		
BARBARA CASH					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
4689 PRESTIGE LN.			0	2	0
City	State	Zip Code	Amount		
HILLIARD	O	H	6	1	6
			250.00		
			Form(Cash,Check,etc)		
			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 \$ 800.00