

# Statement of Contributions Received

## at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>KEEP HILLIARD BEAUTIFUL PAC</b>					
Full Name of Contributor <b>BETH QUINN</b>			Registration Number, if PAC		
Street Address <b>2965 BOHLEN DRIVE</b>	Employer/Occupation/Labor Organization*		M: <b>0</b>	D: <b>2</b>	Y: <b>0616</b>
City <b>HILLIARD</b>	State <b>O</b>	Zip Code <b>H 43026</b>	Form (Cash, Check, etc) <b>CASH</b>		Amount <b>40.00</b>
Full Name of Contributor <b>BETSEY A. RICHEL</b>			Registration Number, if PAC		
Street Address <b>3748 CARNFORTN DRIVE</b>	Employer/Occupation/Labor Organization*		M: <b>0</b>	D: <b>2</b>	Y: <b>0616</b>
City <b>HILLIARD</b>	State <b>O</b>	Zip Code <b>H 43026</b>	Form (Cash, Check, etc) <b>CASH</b>		Amount <b>20.00</b>
Full Name of Contributor <b>JASON E. SANDERS</b>			Registration Number, if PAC		
Street Address <b>3663 DAYSPRING</b>	Employer/Occupation/Labor Organization*		M: <b>0</b>	D: <b>2</b>	Y: <b>0616</b>
City <b>HILLIARD</b>	State <b>O</b>	Zip Code <b>H 43026</b>	Form (Cash, Check, etc) <b>CASH</b>		Amount <b>60.00</b>
Full Name of Contributor <b>CYNTHIA L. THOMPSON</b>			Registration Number, if PAC		
Street Address <b>4673 HEATHER RIDGE DRIVE</b>	Employer/Occupation/Labor Organization*		M: <b>0</b>	D: <b>2</b>	Y: <b>0616</b>
City <b>HILLIARD</b>	State <b>O</b>	Zip Code <b>H 43026</b>	Form (Cash, Check, etc) <b>CASH</b>		Amount <b>20.00</b>
Full Name of Contributor <b>DANNETTE WARREN</b>			Registration Number, if PAC		
Street Address <b>1222 CARNOUSTIE CIR.</b>	Employer/Occupation/Labor Organization*		M: <b>0</b>	D: <b>2</b>	Y: <b>0616</b>
City <b>GROVE CITY</b>	State <b>O</b>	Zip Code <b>H 43026</b>	Form (Cash, Check, etc) <b>CASH</b>		Amount <b>60.00</b>
Full Name of Contributor <b>LISA WHITING</b>			Registration Number, if PAC		
Street Address <b>801 THORNCREST CT.</b>	Employer/Occupation/Labor Organization*		M: <b>0</b>	D: <b>2</b>	Y: <b>0616</b>
City <b>GALLOWAY</b>	State <b>O</b>	Zip Code <b>H 43026</b>	Form (Cash, Check, etc) <b>CASH</b>		Amount <b>100.00</b>
Full Name of Contributor <b>TOM WOOD</b>			Registration Number, if PAC		
Street Address <b>4786 HILLCREST ST. SOUTH</b>	Employer/Occupation/Labor Organization*		M: <b>0</b>	D: <b>2</b>	Y: <b>0616</b>
City <b>HILLIARD</b>	State <b>O</b>	Zip Code <b>H 43026</b>	Form (Cash, Check, etc) <b>CASH</b>		Amount <b>25.00</b>

\* 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 \$ 325.00