

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full KEEP HILLIARD BEAUTIFUL									
Full Name of Contributor PHILLIP A. WAID						Registration Number, if PAC			
Street Address 3400 DARBYSHIRE DR.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O	H H	Zip Code 43026	M 0	D 7	Y 0	Amount 50.00		
Full Name of Contributor DOROTHY TEATER						Registration Number, if PAC			
Street Address 3272 CLEEVE HL			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O	H H	Zip Code 43017	M 0	D 7	Y 0	Amount 1,000.00		
Full Name of Contributor SONYA DESILVA						Registration Number, if PAC			
Street Address 3438 ST. CHARLES LANE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ELECTRONIC		
City HILLIARD	State O	H H	Zip Code 43026	M 0	D 4	Y 2	Amount 30.00		
Full Name of Contributor BRITTANY HAYES						Registration Number, if PAC			
Street Address 4349 PAXTON DRIVE S.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ELECTRONIC		
City HILLIARD	State O	H H	Zip Code 43026	M 0	D 4	Y 2	Amount 35.00		
Full Name of Contributor PHILLIP PETRELLA						Registration Number, if PAC			
Street Address 4181 STONEROOT DR.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ELECTRONIC		
City HILLIARD	State O	H H	Zip Code 43026	M 0	D 4	Y 3	Amount 25.00		
Full Name of Contributor CHERYL RIFFE						Registration Number, if PAC			
Street Address 3491 MARK TWAIN DR.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ELECTRONIC		
City HILLIARD	State O	H H	Zip Code 43026	M 0	D 5	Y 0	Amount 25.00		
Full Name of Contributor JORDAN SMITH						Registration Number, if PAC			
Street Address 3400 BRYANT ST.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ELECTRONIC		
City HILLIARD	State O	H H	Zip Code 43026	M 0	D 5	Y 0	Amount 100.00		
Full Name of Contributor PINAL N. PATEL						Registration Number, if PAC			
Street Address 3260 VINTON PARL PL			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ELECTRONIC		
City HILLIARD	State O	H H	Zip Code 43026	M 0	D 5	Y 0	Amount 50.00		

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,315.00