

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		
CARMEN MALONE						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5949 HAMPTON CORS. N.			0	2	0616	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	O H	43026	CHECK			
Full Name of Contributor				Registration Number, if PAC		
MICHAEL MCCLOUD						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3608 DOCKSIDE CT.			0	2	0616	80.00
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	O H	43026	CHECK			
Full Name of Contributor				Registration Number, if PAC		
SHARON L. MCVAY						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7281 ROBERTS ROAD			0	2	0616	20.00
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	O H	43026	CHECK			
Full Name of Contributor				Registration Number, if PAC		
LYLE A. MOOG						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3786 CLAY BANK DRIVE			0	2	0616	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	O H	43026	CHECK			
Full Name of Contributor				Registration Number, if PAC		
TIMOTHY J. RYAN						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4896 BRIXTON DRIVE			0	2	0616	20.00
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	O H	43026	CHECK			
Full Name of Contributor				Registration Number, if PAC		
PHILIP L. SCHROEDER						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3830 BRAIDWOOD DRIVE			0	2	0616	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	O H	43026	CHECK			
Full Name of Contributor				Registration Number, if PAC		
TIMOTHY WOOD						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3514 MARK TWAIN DRIVE			0	2	0616	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	O H	43026	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 \$ 570.00