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R.	.C.	351	7.	10

P	age <u>1</u>	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
KEEP HILLIARD BEAUTIFUL							
Full Name of Contributor				Registra	tion Num	ber, if PA	C
ROBERT APEL				<u> </u>			
Street Address	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
4633 HAYDEN RUN RD.							CHECK
City	State	e	Zip Code	М	D	Y	Amount
HILLIARD	101	Н	43026	015	0 6	1 6	100.00
Full Name of Contributor						ber, if PA	
MICHELLE COLLINS				i			
Street Address	Employer/0	Occupa	tion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
4610 CUTWATER LANE	1	•	•				CHECK
City	State	e	Zip Code	Тм	D	Y	Amount
HILLIARD		Н	43026	1	0 6	, ,	20.00
Full Name of Contributor			43020			ber, if PA	
				icegisti a	tion (vani	oci, ii i A	.c
CLARENCE CUNINGHAM Street Address	E-m-lavor/	000000	tion/Labor Organization*	Щ_			Form (Cash, Check, etc.)
	Employer	Occupa	HON/Labor Organization				, , , ,
3480 SCIOTO RUN BLVD.			a a i	T			CHECK
City	State		Zip Code	M	D	Y	Amount
HILLIARD	101	Н	43026		0 6		40.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C
LARRY EARMAN				L			
Street Address	Employer/	Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
4369 SHIRE CREEK COURT							CHECK
City	State	e	Zip Code	М	D	Y	Amount
HILLIARD	0	Н	43026	0 5	0 6	1 6	1,000.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C
MICHAEL GILLOTTI				Ì			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
3864 DAYSPRING DR.	1						CHECK
City	State	e	Zip Code	М	D	Y	Amount
HILLIARD	$\int O \perp$	Н	43026	015	0 6	1 6	100.00
Full Name of Contributor	1 -		20020			ber, if PA	
DENNIS IMLER				1			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4618 FAMILY DR.			3				CHECK
City	State	Α .	Zip Code	M	D	Y	Amount
HILLIARD	0	Н	43026		l .	1 6	
Full Name of Contributor	$\Gamma \cup \Gamma$		43020			ber, if PA	
				regisua	tion (van	00 1, II 1 7	
NORMAN MCELHENY	Tr. 1 /	<u> </u>	·	<u> </u>			Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*						
3825 DAYSPRING DR.	1		la: a i	1 57		T 1/2	CHECK
City	Stat		Zip Code	M	D	Y	Amount
HILLIARD	10	Н	43026	0 5		1 6	25.00
Full Name of Contributor				Registra	tion Num	ber, if PA	iC .
DIANE MCGLINCHEY			, _ , 				F (0 1 CT 1 1 1 1
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4789 AUGUSTUS COURT					,		CHECK
City	Stat		Zip Code	M	D	Y	Amount
HILLIARD	0	Н	43026	0 5	0 6	1 6	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	,360.0	0_