

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>KEEP HILLIARD BEAUTIFUL</b>							
Full Name of Contributor <b>ROBERT APEL</b>					Registration Number, if PAC		
Street Address <b>4633 HAYDEN RUN RD.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>HILLIARD</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>0   5</b>	D <b>0   6</b>	Y <b>1   6</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>MICHELLE COLLINS</b>					Registration Number, if PAC		
Street Address <b>4610 CUTWATER LANE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>HILLIARD</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>0   5</b>	D <b>0   6</b>	Y <b>1   6</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>CLARENCE CUNINGHAM</b>					Registration Number, if PAC		
Street Address <b>3480 SCIOTO RUN BLVD.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>HILLIARD</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>0   5</b>	D <b>0   6</b>	Y <b>1   6</b>	Amount <b>40.00</b>	
Full Name of Contributor <b>LARRY EARMAN</b>					Registration Number, if PAC		
Street Address <b>4369 SHIRE CREEK COURT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>HILLIARD</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>0   5</b>	D <b>0   6</b>	Y <b>1   6</b>	Amount <b>1,000.00</b>	
Full Name of Contributor <b>MICHAEL GILLOTTI</b>					Registration Number, if PAC		
Street Address <b>3864 DAYSPRING DR.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>HILLIARD</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>0   5</b>	D <b>0   6</b>	Y <b>1   6</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>DENNIS IMLER</b>					Registration Number, if PAC		
Street Address <b>4618 FAMILY DR.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>HILLIARD</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>0   5</b>	D <b>0   6</b>	Y <b>1   6</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>NORMAN MCELHENY</b>					Registration Number, if PAC		
Street Address <b>3825 DAYSPRING DR.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>HILLIARD</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>0   5</b>	D <b>0   6</b>	Y <b>1   6</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>DIANE MCGLINCHEY</b>					Registration Number, if PAC		
Street Address <b>4789 AUGUSTUS COURT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>HILLIARD</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M <b>0   5</b>	D <b>0   6</b>	Y <b>1   6</b>	Amount <b>50.00</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)]

Page Total \$ 1,360.00