31-E
R.C. 3517.10(B)

Event Date 3-11-2016
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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							
DALE MCVEY								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y				Amount
4198 MAYSTAR WAY		0 3	1 1	1 6				50.00
City	State	Zip Code	Form(Cash,Check,etc)					
HILLIARD	O H	43026	CHECK					
Full Name of Contributor	Registration Number, if PAC							
KYLE C. KOPPENHOEFER								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y				Amount
3428 ANCHORAGE LANE		0 3	1 1	1 6				75.00
City	State	Zip Code	Form(Cash,Check,etc)					
HILLIARD	O H	43026	CHECK					
Full Name of Contributor	Registration Number, if PAC							
JOHN MARSCHHAUSEN								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y				Amount
2971 LANDEN FARMS ROAD E.		0 3	1 1	1 6				50.00
City	State	Zip Code	Form(Cash,Check,etc)					
HILLIARD	O H	43026	CHECK					
Full Name of Contributor	Registration Number, if PAC							
JOANN HENSLEY								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y				Amount
4174 GOLDEN SEAL WAY		0 3	1 1	1 6				50.00
City	State	Zip Code	Form(Cash,Check,etc)					
HILLIARD	O H	43026	CHECK					
Full Name of Contributor	Registration Number, if PAC							
WILLIAM R. SCHNUG								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y				Amount
4311 HAVERFIELD COURT		0 3	1 1	1 6				100.00
City	State	Zip Code	Form(Cash,Check,etc)					
HILLIARD	O H	43026	CHECK					
Full Name of Contributor	Registration Number, if PAC							
SYEPHEN YARBROUGH								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y				Amount
7818 WESTCROFT DRIVE		0 3	1 1	1 6				100.00
City	State	Zip Code	Form(Cash,Check,etc)					
SYLVANIA	O H	43560-1864	CHECK					
Full Name of Contributor	Registration Number, if PAC							
JOSEPH T. MARTIN								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y				Amount
8601 MORRIS ROAD		0 3	1 1	1 6				500.00
City	State	Zip Code	Form(Cash,Check,etc)					
HILLIARD	O H	43026-9485	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 $ 925.00