

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full KEEP HILLIARD BEAUTIFUL							
Full Name of Contributor CHRISTINA ANDERSON					Registration Number, if PAC		
Street Address 4629 TRAILANE DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ELECTRONIC		
City HILLIARD	State O H	Zip Code 43026	M 0 5	D 0 6	Y 1 6	Amount 30.00	
Full Name of Contributor MIKE MCDONOUGH					Registration Number, if PAC		
Street Address 4748 HEALTH TRAILS RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ELECTRONIC		
City HILLIARD	State O H	Zip Code 43026	M 0 5	D 0 6	Y 1 6	Amount 50.00	
Full Name of Contributor CHARLES BUCK					Registration Number, if PAC		
Street Address 4814 CANTERWOOD CT.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 1 2	D 3 1	Y 1 6	Amount 500.00	
Full Name of Contributor FRANK CARRIER					Registration Number, if PAC		
Street Address 4394 SHIRE CREEK COURT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 1 2	D 3 1	Y 1 6	Amount 750.00	
Full Name of Contributor ANDY TEATER					Registration Number, if PAC		
Street Address 3837 DAYSPRING DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 1 2	D 3 1	Y 1 6	Amount 500.00	
Full Name of Contributor LARRY EARMAN					Registration Number, if PAC		
Street Address 4369 SHIRE CREEK COURT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 1 2	D 3 1	Y 1 6	Amount 861.27	
Full Name of Contributor FRANK CARRIER - PAID PROMORMA WITH PERSONAL CHECK					Registration Number, if PAC		
Street Address 4394 SHIRE CREEK COURT		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0 5	D 0 1	Y 1 6	Amount 4,002.98	
Full Name of Contributor PAUL LAMBERT - PAID FACEBOOK WITH PERSONAL FUNDS					Registration Number, if PAC		
Street Address 4697 PRESTIGE LANE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City HILLIARD	State O H	Zip Code 43026	M 0 5	D 0 1	Y 1 6	Amount 484.58	

* 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 \$ 7,178.83