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R	C.	351	7.	10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full									
KEEP HILLIARD BEAUTIFUL									
Full Name of Contributor				Registration Number, if PAC			С		
CHRISTINA ANDERSON									
Street Address	Employer	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
4629 TRAILANE DR.	<u> </u>						ELECTRONIC		
City	Sta	ite	Zip Code	М	D	Y	Amount		
HILLIARD	0	_H_	43026	0 5	0 6	1 6	30.00		
Full Name of Contributor				Registra	ation Num	ber, if PA	C		
MIKE MCDONOUGH									
Street Address	Employer	/Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)		
4748 HEALTH TRAILS RD.	Ì						E;ECTONIC		
City	Sta	ite	Zip Code	М	D	Y	Amount		
HILLIARD	0	H	43026	015	0 6	1 6	50.00		
Full Name of Contributor					ation Num				
CHARLES BUCK									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
4814 CANTERWOOD CT.			Ŭ				CHECK		
City	Sta	te	Zip Code	М	D	Y	Amount		
HILLIARD	0	H	43026	į .	3 1	1 6	500.00		
Full Name of Contributor			10020		ation Num				
FRANK CARRIER									
Street Address	Employer	/Occupa	tion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)		
4394 SHIRE CREEK COURT	Employer	, оссири	MOD Edoor Organization				CHECK		
City	Sta	to	Zip Code	М	D	Υ	Amount		
	1 ~ .	Н	43026	l	1	1 . 1	750.00		
HILLIARD	O		43020			1 6			
Full Name of Contributor Registration Number, if PAC									
ANDY TEATER	le	/0	4 7 1 0 o d d d	<u> </u>			F- (C-1, Ct-1, 4)		
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
3837 DAYSPRING DR.			la: 0.1		1	1 35	CHECK		
City	Sta		Zip Code	M	D	Y	Amount		
HILLIARD	[O]	Н	43026	1 2		1 6	500.00		
Full Name of Contributor				Registra	ation Num	ber, if PA	C		
LARRY EARMAN	· · · · · · · · · · · · · · · · · · ·			<u>L</u>					
Street Address		Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
4369 SHIRE CREEK COURT				,		,	CHECK		
City	Sta		Zip Code	M	D	Y	Amount		
HILLIARD	[O]	Н	43026		3 1				
Full Name of Contributor				Ŭ	ation Num	ber, if PA	C		
FRANK CARRIER - PAID PROMORMA WITH PERSONAL CHECK									
Street Address Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
4394 SHIRE CREEK COURT							CHECK		
City	Sta	ite	Zip Code	M	D	Y	Amount		
HILLIARD	0	_H	43026	0 5	0 1	1 6	4,002.98		
Full Name of Contributor Registration Number, if PAC									
PAUL LAMBERT - PAID FACEBOOK WITH PERSONAL FUNDS									
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
4697 PRESTIGE LANE									
City	Sta	ite	Zip Code	М	D	Y	Amount		
HILLIARD	0	Н	43026	0 5	0 1	1 6	484.58		
covined for contributions from individuals over \$100 to statewide and sens		1			_				

* 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