



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee KEEP HILLIARD BEAUTIFUL				
Full Name of Contributor JOSEPH MARTIN			Registration Number, if PAC	
Street Address 8601 MORRIS RD.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 01/22/2018	Amount 500.00
Full Name of Contributor PAT BURGER			Registration Number, if PAC	
Street Address 5941 HAYDEN RUN ROAD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CREDIT CARD
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 01/25/2018	Amount 50.00
Full Name of Contributor TOM SMITH			Registration Number, if PAC	
Street Address 5441 RICHLANE DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CREDIT CARD
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 01/26/2018	Amount 20.00
Full Name of Contributor THOMAS BAKER			Registration Number, if PAC	
Street Address 4893 BRIXSTON DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 01/30/2018	Amount 600.00
Full Name of Contributor GINA CRIAG			Registration Number, if PAC	
Street Address 4832 AUGUSTUS CT.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CREDIT CARD
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 01/27/2018	Amount 30.00

*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 also appear. [R.C. 3517.10(B)(4)]

Page Total 1200.00