



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> KEEP HILLIARD BEAUTIFUL				
Full Name of Contributor FRANK CARRIER			Registration Number, if PAC	
Street Address 4394 SHIRE CREEK COURT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CREDIT CARD
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/17/2019	Amount 1000.00
Full Name of Contributor STEPP FOR HILLIARD			Registration Number, if PAC	
Street Address 4609 HUNTWICKE DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/14/2019	Amount 800.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

\*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)]