

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full KEEP HILLIARD BEAUTIFUL							
Full Name of Contributor TIMOTHY J. RYAN					Registration Number, if PAC		
Street Address 4896 BRIXTON DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 5	Y 1	Amount 10.00	
Full Name of Contributor KENNETH J. SCHMIDT					Registration Number, if PAC		
Street Address 3480 VINTAGE WOODS DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 5	Y 1	Amount 25.00	
Full Name of Contributor SUSAN M. SPICER					Registration Number, if PAC		
Street Address 4345 RIVER LANDINGS CT.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 5	Y 1	Amount 100.00	
Full Name of Contributor JANET IRVIN STEITZ					Registration Number, if PAC		
Street Address 4370 DUBLIN RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43221	M 0	D 5	Y 1	Amount 500.00	
Full Name of Contributor DOROTHY TEATER					Registration Number, if PAC		
Street Address 3272 CLEEVE HL		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 5	Y 1	Amount 100.00	
Full Name of Contributor STASI B. TROUT					Registration Number, if PAC		
Street Address 4736 RIVERWOOD DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 5	Y 1	Amount 50.00	
Full Name of Contributor JOSEPH T. MARTIN					Registration Number, if PAC		
Street Address 8601 MORRIS RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 5	Y 2	Amount 1,000.00	
Full Name of Contributor JOANN HENSLEY					Registration Number, if PAC		
Street Address 4174 GOLDEN SEAL WAY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 7	Y 0	Amount 50.00	

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

Page Total \$ 1,835.00