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Page _	3
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1,835.00

Page Total \$

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			
TIMOTHY J. RYAN								
Street Address	Employe	г/Оссира	tion/Labor Organization*	Form (Cash, Check, etc.)			, etc.)	
4896 BRIXTON DR.							CHECK	
City	St	ate	Zip Code	М	D	Y	Amount	
HILLIARD	O	H	43026	0 5	1 9	1 6		10.00
Full Name of Contributor				Registra	tion Num	ber, if PA	.c	
KENNETH J. SCHMIDT								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
3480 VINTAGE WOODS DR.	l						CHECK	
City	St	ate	Zip Code	М	D	Y	Amount	
HILLIARD	0	Н	43026	0 5	1 9	1 6		25.00
Full Name of Contributor				Registration Number, if PAC				
SUSAN M. SPICER								
Street Address	Employer/Occupation/Labor Organization*			_			Form (Cash, Check	, etc.)
4345 RIVER LANDINGS CT.							CHECK	
City	St	ate	Zip Code	M	D	Y	Amount	
HILLIARD		Н	43026	0 5	1 9	1 6	1	100.00
Full Name of Contributor	<u> </u>					ber, if PA		
JANET IRVIN STEITZ				1				
Street Address	Employe	r/Occupa	ation/Labor Organization*	<u> </u>			Form (Cash, Check	, etc.)
4370 DUBLIN RD.	1	•	Ü				CHECK	
City	St	ate	Zip Code	Тм	D	Y	Amount	
COLUMBUS	0	Н	43221	1015	1 9	1 6	1	500.00
Full Name of Contributor			10221			ber, if PA		000.00
DOROTHY TEATER						•		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check	etc)	
3272 CLEEVE HL	Employer/Occupation/Labor Organization						CHECK	
City	St	ate	Zip Code	I M	D	Y	Amount	
1 .		Н	43017	0 5	1	Ι.		100.00
DUBLIN Full Name of Contributor	10	1.1	43017			ber, if PA		100.00
9				Rogisar	ALION TAIN	, 11		
STASI B. TROUT Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check	etc)
	Employer/Occupation/Labor Organization						CHECK	., •)
4736 RIVERWOOD DR.		ate	Zip Code	T M	D	Y	Amount	
City		H H	43026			1 6		50.00
HILLIARD Full Name of Contributor	10	11	43020			ber, if PA		30.00
				Registre	anon rean	ioci, ii i i		
JOSEPH T. MARTIN	Employe	r/Occurs	etion/Labor Organization*				Form (Cash, Check	etc.)
Street Address		Employer/Occupation/Labor Organization*					CHECK	
8601 MORRIS RD.	 	ate	Zip Code	М	I D	Y	Amount	
City	1 _	ale H	l			1 6		00.000
HILLIARD	0	11	43026	0 5				000.00
Full Name of Contributor Registration Number, if PAC								
JOANN HENSLEY Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check	etc)		
Street Address	Employer/Occupation/Labor Organization*					CHECK		
4174 GOLDEN SEAL WAY	 		7:- 0-1-	T 14	T D	TV		
City	1 _	ate	Zip Code	M O 1 77	D	Y	Amount	EU 00
HILLIARD	10	H	43026	0 7	$0 \mid 1$	16	nama of the	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)]