31-E
R.C. 3517.10(B)

Event Date 2-6-2016
Page 6

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full
KEEP HILLIARD BEAUTIFUL PAC

Full Name of Contributor	Registration Number, if PAC					
MICHELLE COLLINS						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
4610 CUTWATER LN.		02	06	16	20.00	
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	OH	43026	CHECK			
Full Name of Contributor	Registration Number, if PAC					
JEFFREY M. GERGAL						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
5038 MENGEL LANE		02	06	16	150.00	
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	OH	43026	CHECK			
Full Name of Contributor	Registration Number, if PAC					
TIMOTHY J. GILLIGAN						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
4845 BRIXSTON DRIVE		02	06	16	500.00	
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	OH	43026	CHECK			
Full Name of Contributor	Registration Number, if PAC					
FANNY HARITOS						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
4777 RIVERWOOD DRIVE		02	06	16	100.00	
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	OH	43026	CHECK			
Full Name of Contributor	Registration Number, if PAC					
GREGORY T. HARVIE						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
4325 JENNYDAWN PL.		02	06	16	100.00	
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	OH	43026	CHECK			
Full Name of Contributor	Registration Number, if PAC					
MICHAEL B. HELDERMAN						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
5799 CLOVER GROFF DRIVE		02	06	16	75.00	
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	OH	43026	CHECK			
Full Name of Contributor	Registration Number, if PAC					
JENNIFER M. KUCK						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
5567 SEAPINE ROAD		02	06	16	50.00	
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	OH	43026	CHECK			

* 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)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total $ 995.00