

FOR PAPER FILING ONLY

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full KEEP HILLIARD BEAUTIFUL PAC									
Full Name of Contributor ANDREW S. TEATER						Registration Number, if PAC			
Street Address 3837 DAYSPRING DR.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City HILLIARD	State O	Zip Code H 43026	M 0	D 1	Y 1	Amount 1,000.00			
Full Name of Contributor LARRY J. EARMAN						Registration Number, if PAC			
Street Address 4369 SHIRE CREEK COURT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City HILLIARD	State O	Zip Code H 43026	M 0	D 1	Y 1	Amount 1,000.00			
Full Name of Contributor PAUL LAMBERT						Registration Number, if PAC			
Street Address 4697 PRESTIGE LANE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ELECTRONIC			
City HILLIARD	State O	Zip Code H 43026	M 0	D 2	Y 0	Amount 1.00			
Full Name of Contributor DAVID GARDNER						Registration Number, if PAC			
Street Address 1950 NORTHWEST BVD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ELECTRONIC			
City UPPER ARLINGTON	State O	Zip Code H 43212	M 0	D 2	Y 0	Amount 2.00			
Full Name of Contributor SANDRA HARTMAN						Registration Number, if PAC			
Street Address 5575 SEAPINE ROAD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ELECTRONIC			
City HILLIARD	State O	Zip Code H 43026	M 0	D 2	Y 0	Amount 100.00			
Full Name of Contributor CHRISTINE DESANTI						Registration Number, if PAC			
Street Address 3680 SATURN ROAD			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ELECTRONIC			
City HILLIARD	State O	Zip Code H 43026	M 0	D 2	Y 0	Amount 50.00			
Full Name of Contributor FRANK LES CARRIER						Registration Number, if PAC			
Street Address 4394 SHIRE CREEK COURT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ELECTRONIC			
City HILLIARD	State O	Zip Code H 43026	M 0	D 2	Y 0	Amount 100.00			
Full Name of Contributor MARK MORSCHER						Registration Number, if PAC			
Street Address 3309 NORTHAMPTON LANE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ELECTRONIC			
City HILLIARD	State O	Zip Code H 43026	M 0	D 2	Y 0	Amount 300.00			

* 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 \$ 2,553.00