



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
KEEP HILLIARD BEAUTIFUL						
Full Name of Contributor Registration I					er, if PAC	
ANDY TEATOR						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3837 DAYSPRING DR.	CHECK					
City	State	Zip Code	Date (MM/DD/YYYY) Amou		Amount	
HILLIARD	ОН	43026	03/02/2018		1000.00	
Full Name of Contributor				Registration Number	er, if PAC	
PETER MARSH				i		
Street Address	Employer	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
3563 GOLDENROD ST.		CREDIT CARD				
City	State	Zip Code	Date (MM/D	D/YYY)	Amount	
HILLIARD	ОН	43026		03/06/2018	250.00	
Full Name of Contributor Registration N				Registration Number	er, if PAC	
REGINA LEWIE						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
5377 EDIE DR.	CI			CHECK		
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
HILLIARD	ОН	43026	05/01/2018		50.00	
Full Name of Contributor	Regi			tegistration 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 N			Registration Number	nber, if PAC		
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY) Amount		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)]

Page	Total	1300.00	