

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full KEEP HILLIARD BEAUTIFUL PAC									
Full Name of Contributor DENISE SHEELY						Registration Number, if PAC			
Street Address 4186 GOLDTHREAD COURT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ELECTRONIC			
City HILLIARD	State O	Zip Code H 43026	M 0	D 2	Y 1	6 6	1 6	Amount 50.00	
Full Name of Contributor DIANNE M. CLAY						Registration Number, if PAC			
Street Address 5961 HAYDEN RUD RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City HILLIARD	State O	Zip Code H 43026	M 0	D 2	Y 1	6 6	1 6	Amount 25.00	
Full Name of Contributor JOHN D. JENKINS						Registration Number, if PAC			
Street Address 4915 BRITTON FARMS COURT			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City HILLIARD	State O	Zip Code H 43026	M 0	D 2	Y 1	6 6	1 6	Amount 50.00	
Full Name of Contributor MICHAEL J. VEDRA						Registration Number, if PAC			
Street Address 4267 SHIRE LANDING RD.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City HILLIARD	State O	Zip Code H 43026	M 0	D 2	Y 1	6 6	1 6	Amount 200.00	
Full Name of Contributor DOROTHY S. TEATER						Registration Number, if PAC			
Street Address 3272 CLEEBE HL			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK			
City DUBLIN	State O	Zip Code H 43026	M 0	D 2	Y 2	4 4	1 6	Amount 500.00	
Full Name of Contributor ED SARKEL						Registration Number, if PAC			
Street Address 4734 RIVER RUN DR.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ELECTRONIC			
City HILLIARD	State O	Zip Code H 43026	M 0	D 2	Y 0	6 6	1 6	Amount 100.00	
Full Name of Contributor KATHY PROSSER						Registration Number, if PAC			
Street Address 5421 DELANO CT.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ELECTRONIC			
City HILLIARD	State O	Zip Code H 43026	M 0	D 2	Y 0	7 7	1 6	Amount 50.00	
Full Name of Contributor PETER MARSH						Registration Number, if PAC			
Street Address 3563 GOLDENROD ST.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ELECTRONIC			
City HILLIARD	State O	Zip Code H 43026	M 0	D 2	Y 0	7 7	1 6	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 \$ 1,025.00