31-E
R.C. 3517.10(B)

Event Date 3-11-2016
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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					
KIMBERLY E. BUONI						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
5199 NORWICH ST.		03	11	16	25.00	
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	OH	43026	CHECK			
Full Name of Contributor	Registration Number, if PAC					
CHARLES W. BUCK						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
4814 CANTERWOOD COURT		03	11	16	250.00	
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	OH	43026	CHECK			
Full Name of Contributor	Registration Number, if PAC					
PETER M. MARSH						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
3563 GOLDENROD ST.		03	11	16	250.00	
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	OH	43026	CHECK			
Full Name of Contributor	Registration Number, if PAC					
FREINDS OF CARMEN MALONE						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
5949 HAMPTON CORNERS N.		03	11	16	500.00	
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	OH	43026	CHECK			
Full Name of Contributor	Registration Number, if PAC					
SARAH W. SCHROEDER						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
3830 BRAIDWOOD DRIVE		03	11	16	100.00	
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	OH	43026	CHECK			
Full Name of Contributor	Registration Number, if PAC					
GREGORY L. ROGERS						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
4842 DAVIDSON RUN ROAD		03	11	16	100.00	
City	State	Zip Code	Form(Cash,Check,etc)			
HILLIARD	OH	43026	CHECK			
Full Name of Contributor	Registration Number, if PAC					
JANET IRWIN STEITZ						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
4370 DUBLIN ROAD		03	11	16	200.00	
City	State	Zip Code	Form(Cash,Check,etc)			
COLUMBUS	OH	43221	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 $ 1,425.00