

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	
JEFFREY L. BUNDY						
Street Address	Employer/Occupation/Labor Organization*			M:	D:	Y:
5606 EDIE DRIVE				0	3	1 1 1 6
City	State	Zip Code	Form(Cash,Check,etc)		Amount	
HILLIARD	O H	43026	CHECK		50.00	
Full Name of Contributor					Registration Number, if PAC	
PATRICIA ROONEY BURGER						
Street Address	Employer/Occupation/Labor Organization*			M:	D:	Y:
5941 HAYDEN RUN ROAD				0	3	1 1 1 6
City	State	Zip Code	Form(Cash,Check,etc)		Amount	
HILLIARD	O H	43026	CHECK		50.00	
Full Name of Contributor					Registration Number, if PAC	
JARRETT C. RHOADES						
Street Address	Employer/Occupation/Labor Organization*			M:	D:	Y:
5165 SCIOTO DARBY ROAD				0	3	1 1 1 6
City	State	Zip Code	Form(Cash,Check,etc)		Amount	
HILLIARD	O H	43026	CHECK		50.00	
Full Name of Contributor					Registration Number, if PAC	
HEATHER L. KECK						
Street Address	Employer/Occupation/Labor Organization*			M:	D:	Y:
3400 HERITAGE OAKS DRIVE				0	3	1 1 1 6
City	State	Zip Code	Form(Cash,Check,etc)		Amount	
HILLIARD	O H	43026	CHECK		100.00	
Full Name of Contributor					Registration Number, if PAC	
RAY GARIA						
Street Address	Employer/Occupation/Labor Organization*			M:	D:	Y:
4629 FAMILY DRIVE				0	3	1 1 1 6
City	State	Zip Code	Form(Cash,Check,etc)		Amount	
HILLIARD	O H	43026	CASH		50.00	
Full Name of Contributor					Registration Number, if PAC	
PHYLLIS TEATOR						
Street Address	Employer/Occupation/Labor Organization*			M:	D:	Y:
3837 DAYSPRING				0	3	1 1 1 6
City	State	Zip Code	Form(Cash,Check,etc)		Amount	
HILLIARD	O H	43026	CASH		100.00	
Full Name of Contributor					Registration Number, if PAC	
MICHAEL COPE						
Street Address	Employer/Occupation/Labor Organization*			M:	D:	Y:
4549 DURHAM LANE				0	3	1 1 1 6
City	State	Zip Code	Form(Cash,Check,etc)		Amount	
HILLIARD	O H	43026	CASH		100.00	

* 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)]

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

4,270.00

Total expenditures this event

690.86

Page Total \$ 500.00