

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
KEEP HILLIARD BEAUTIFUL PAC			
Full Name of Contributor		Registration Number, if PAC	
ALEX D. BRICKLEY			
Street Address	Employer/Occupation/Labor Organization*	M: D: Y:	Amount
5277 DAVIDSON RD		0 2 0 6 1 6	40.00
City	State Zip Code	Form(Cash, Check, etc)	
HILLIARD	O H 43026	CASH	
Full Name of Contributor		Registration Number, if PAC	
PATRICIA R. BURGER			
Street Address	Employer/Occupation/Labor Organization*	M: D: Y:	Amount
5941 HAYDEN RUN ROAD		0 2 0 6 1 6	20.00
City	State Zip Code	Form(Cash, Check, etc)	
HILLIARD	O H 43026	CASH	
Full Name of Contributor		Registration Number, if PAC	
ED C. DAVIS			
Street Address	Employer/Occupation/Labor Organization*	M: D: Y:	Amount
3242 WALKERVIEW DRIVE		0 2 0 6 1 6	50.00
City	State Zip Code	Form(Cash, Check, etc)	
HILLIARD	O H 43026	CASH	
Full Name of Contributor		Registration Number, if PAC	
SONYA D. DESILVA			
Street Address	Employer/Occupation/Labor Organization*	M: D: Y:	Amount
3438 ST. CHARLES LANE		0 2 0 6 1 6	25.00
City	State Zip Code	Form(Cash, Check, etc)	
HILLIARD	O H 43026	CASH	
Full Name of Contributor		Registration Number, if PAC	
CARRIE DOMER			
Street Address	Employer/Occupation/Labor Organization*	M: D: Y:	Amount
4850 BRIXSTON DRIVE		0 2 0 6 1 6	50.00
City	State Zip Code	Form(Cash, Check, etc)	
HILLIARD	O H 43026	CASH	
Full Name of Contributor		Registration Number, if PAC	
JAMIE FISHER			
Street Address	Employer/Occupation/Labor Organization*	M: D: Y:	Amount
3750 SMILEY ROAD		0 2 0 6 1 6	20.00
City	State Zip Code	Form(Cash, Check, etc)	
HILLIARD	O H 43026	CASH	
Full Name of Contributor		Registration Number, if PAC	
MAXWELL M. FISCHER			
Street Address	Employer/Occupation/Labor Organization*	M: D: Y:	Amount
4361 LEPPERT ROAD		0 2 0 6 1 6	20.00
City	State Zip Code	Form(Cash, Check, etc)	
HILLIARD	O H 43026	CASH	

* 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 \$ 225.00