

# Statement of Contributions Received

## at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>KEEP HILLIARD BEAUTIFUL PAC</b>					
Full Name of Contributor <b>EDWARD G. DAVIS, JR.</b>			Registration Number, if PAC		
Street Address <b>3242 WALKERVIEW DR.</b>	Employer/Occupation/Labor Organization*		M: <b>0</b>	D: <b>3</b>	Y: <b>1 1 6</b>
City <b>HILLIARD</b>	State <b>O H</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>250.00</b>
Full Name of Contributor <b>KELLY A. WILLIS</b>			Registration Number, if PAC		
Street Address <b>5945 HAMPTON CORNERS N.</b>	Employer/Occupation/Labor Organization*		M: <b>0</b>	D: <b>3</b>	Y: <b>1 1 6</b>
City <b>HILLIARD</b>	State <b>O H</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>250.00</b>
Full Name of Contributor <b>CONNIE S. GRAHAM</b>			Registration Number, if PAC		
Street Address <b>3666 COLONIAL DRIVE</b>	Employer/Occupation/Labor Organization*		M: <b>0</b>	D: <b>3</b>	Y: <b>1 1 6</b>
City <b>HILLIARD</b>	State <b>O H</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>25.00</b>
Full Name of Contributor <b>NANCY A. WHETSTONE</b>			Registration Number, if PAC		
Street Address <b>6100 JONESWOOD DRIVE</b>	Employer/Occupation/Labor Organization*		M: <b>0</b>	D: <b>3</b>	Y: <b>1 1 6</b>
City <b>HILLIARD</b>	State <b>O H</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>25.00</b>
Full Name of Contributor <b>CYNTHIA L. PAULEY</b>			Registration Number, if PAC		
Street Address <b>3823 LEAP ROAD</b>	Employer/Occupation/Labor Organization*		M: <b>0</b>	D: <b>3</b>	Y: <b>1 1 6</b>
City <b>HILLIARD</b>	State <b>O H</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>50.00</b>
Full Name of Contributor <b>KARLA JONES</b>			Registration Number, if PAC		
Street Address <b>4817 CANTERWOOD COURT</b>	Employer/Occupation/Labor Organization*		M: <b>0</b>	D: <b>3</b>	Y: <b>1 1 6</b>
City <b>HILLIARD</b>	State <b>O H</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>50.00</b>
Full Name of Contributor <b>MARY E. BARTILSON</b>			Registration Number, if PAC		
Street Address <b>4010 CARLTON COURT</b>	Employer/Occupation/Labor Organization*		M: <b>0</b>	D: <b>3</b>	Y: <b>1 1 6</b>
City <b>HILLIARD</b>	State <b>O H</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>CHECK</b>		Amount <b>25.00</b>

\* 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 \$ 675.00

Page Total \$
675.00