



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee KEEP HILLIARD BEAUTIFUL			
To Whom Paid PNC BANK		Date (MM/DD/YYYY) 03/01/2019	Amount 5.00
Street Address PO BOX 609		Purpose SERVICE CHARGE	
City PITTSBURGH	State PA <input type="checkbox"/>	Zip Code 15230	Check Number N/A
To Whom Paid STRIPE		Date (MM/DD/YYYY) 03/15/2019	Amount 17.70
Street Address 510 TOWNSED ST.		Purpose CREDIT CARD FEE	
City SAN FRANCISCO	State CA <input type="checkbox"/>	Zip Code 94103	Check Number N/A
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 22.70