## FOR PAPER FILING ONLY

Event date 2	-6-2016
Page	1

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

A						
Name of Committée in Full  KEEP HILLIARD BEAUTIFUL PAC						
To Whom Pasd				M D Y	Amount	
KATIES PANCAKES				0 2 0 6 1 6	449.30	
Address	Purpose				-	
4961 VICKSBURG LANE	FOOD PREPARATION					
City	S	State	Zip Code	Check Number		
COLUMBUS	0	Н	43026	1002		
To Whom Paid				M D Y	Amount	
PAUL LAMBERT - FOR - FACEBOOK Address (Purpose				0 1 3 1 1 6	10.49	
	Purpose		77.10			
4697 PRESTIGE LANE	ADVERTISING State   Zip Code   Check Number					
	_		1 '			
HILLIARD To Whom Paid	Ю	Н	43026	1007   M <sub>i</sub>   D <sub>i</sub>   Y <sub>i</sub>	Amount	
PAUL LAMBERT - FOR - FACEBOOM					25.02	
Address	Purpose			0 2 0 4 1 6	25.02	
4697 PRESTIGE LANE	ADVERTISING					
City		V EKIL	Zip Code	Check Number		
HILLIARD	0	Н	43026	1005		
To Whom Paid	, -		,	M D Y	Amount	
Address	Purpose					
City	S	itate	Zip Code	Check Number		
To Whom Paid		M D Y	Amount			
Address	Purpose					
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City	S	State	Zip Code	Check Number		
	<u> </u>	!	<u> </u>	 	Amount	
To Whom Paid				M D Y	Autolia .	
Address	Purpose				l	
4 manus cons						
City	l s	State	Žip Code	Check Number		
To Whom Paid	!	<u> </u>	<u> </u>	M;   D;   Y;	Amount	
Address	Purpose					
City	S	itate	Zip Code	Check Number		

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page total	484.81