

# FOR PAPER FILING ONLY

Event date 2-6-2016

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## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full								
KEEP HILLIARD BEAUTIFUL PAC								
To Whom Paid					M	D	Y	Amount
KATIES PANCAKES					0	2	0 6 1 6	449.30
Address		Purpose						
4961 VICKSBURG LANE		FOOD PREPARATION						
City	State	Zip Code	Check Number					
COLUMBUS	O H	43026	1002					
To Whom Paid					M	D	Y	Amount
PAUL LAMBERT - FOR - FACEBOOK					0	1	3 1 1 6	10.49
Address		Purpose						
4697 PRESTIGE LANE		ADVERTISING						
City	State	Zip Code	Check Number					
HILLIARD	O H	43026	1007					
To Whom Paid					M	D	Y	Amount
PAUL LAMBERT - FOR - FACEBOOK					0	2	0 4 1 6	25.02
Address		Purpose						
4697 PRESTIGE LANE		ADVERTISING						
City	State	Zip Code	Check Number					
HILLIARD	O H	43026	1005					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	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