31-B R.C. 3517.10

## FOR PAPER FILING ONLY

Page	1

## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

7						
Name of Committee in Full  KEEP HILLIARD BEAUTIFUL PAGE  OF THE PROPERTY OF THE PAGE 1 A	C					
To Whom Paid EXPENDITURES FROM 31-F				M D Y Amount 0 3 1 1 1 6 690.86		
Address	Purpose			10 10 10 10 10 10 10 10 10 10 10 10 10 1		
City	Sta	te	Zip Code	Chock Number		
I I I			M;   D;   Y; Amount			
STARK & ASSOCIATES	& ASSOCIATES			0 3 0 3 1 6 520.32		
Address	Purpose					
4448 BROADWAY		YARD SIGNS State   Zip Code		Check Number		
GROVE CITY		H	43123	1010		
To Whom Paid	10 :	11	1 30120	M D Y Amount		
PRO FORMA				0 3 3 0 1 6 2,178.27		
Address	Purpose	Purpose				
P.O. BOX 640814 City		ADVERTISING - MAIL PEICES (PARTIAL PAYMENT) State   Zip Code   Check Number   Che				
CINCINNATI	1	H	45264-0814	1011		
To Whom Paid	<u>IU :</u>	<u> </u>	143204-0014	M D Y Amount		
MCTIGUE & COLOMBO LLC Address   Purpose			0 3 3 1 1 6 4,800.00			
545 EAT TOWN ST.	LEGA	LEGAL FEES TO FILE WITH OHIO SUPREME COURT (PARTIAL PAYMEN				
City	Sta		Zip Code	Check Number		
COLUMBUS To Whom Paid	10	H	43215	1012   M:   D:   Y:   Amount		
STRIPE			0 4 0 6 1 6 27.43			
Address	Ритрове			0 4 0 0 1 0 27.45		
	CREI	DIT C	ARD FEES FOR DONA	ATIONS		
City	Sta	te	Zip Code	Check Number		
To Whom Paid				M B Y Amount 0.00		
Address	Purpose					
City	Sta	ie	Zip Code	Check Number		
To Whom Paid			<u> </u>	M D Y Amount		
10 Mindra Paric			0.00			
Address	Purpose			0.00		
City	Sta	ie	Zip Code	Check Number		
To Whom Paid M D Y Amount						
			M D Y Amount 0.00			
Address	Purpose					
		4.	lzi- C-di	Charle Number		
City	Sta	re	Zip Code	Check Number		
	<u> </u>		<u> </u>			

Page Total \$	8,216.88	