

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
KEEP HILLIARD BEAUTIFUL PAC							
To Whom Paid				M	D	Y	Amount
EXPENDITURES FROM 31-F				0	3	1 1 1 6	690.86
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
STARK & ASSOCIATES				0	3	0 3 1 6	520.32
Address		Purpose					
4448 BROADWAY		YARD SIGNS					
City		State	Zip Code	Check Number			
GROVE CITY		O H	43123	1010			
To Whom Paid				M	D	Y	Amount
PRO FORMA				0	3	3 0 1 6	2,178.27
Address		Purpose					
P.O. BOX 640814		ADVERTISING - MAIL PEICES (PARTIAL PAYMENT)					
City		State	Zip Code	Check Number			
CINCINNATI		O H	45264-0814	1011			
To Whom Paid				M	D	Y	Amount
MCTIGUE & COLOMBO LLC				0	3	3 1 1 6	4,800.00
Address		Purpose					
545 EAT TOWN ST.		LEGAL FEES TO FILE WITH OHIO SUPREME COURT (PARTIAL PAYMENT)					
City		State	Zip Code	Check Number			
COLUMBUS		O H	43215	1012			
To Whom Paid				M	D	Y	Amount
STRIPE				0	4	0 6 1 6	27.43
Address		Purpose					
		CREDIT CARD FEES FOR DONATIONS					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
							0.00
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
							0.00
Address		Purpose					
City		State	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
							0.00
Address		Purpose					
City		State	Zip Code	Check Number			