



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee KEEP HILLIARD BEAUTIFUL				
To Whom Paid LARDIERE MC NAIR		Date (MM/DD/YYYY) 06/18/2018		Amount 1,000.00
Street Address 3956 BROWN PARK DR., SUITE B		Purpose LEGAL FEES (PAID BY FRANK CARRIER)		
City HILLIARD	State OH	Zip Code 43026	Check Number CREDIT CARD	
To Whom Paid LARDIERE MC NAIR		Date (MM/DD/YYYY) 06/18/2018		Amount 1,000.00
Street Address 3956 BROWN PARK DR., SUITE B		Purpose LEGAL FEES (PAID BY ANDREW TEATER)		
City HILLIARD	State OH	Zip Code 43026	Check Number CREDIT CARD	
To Whom Paid STRIPE		Date (MM/DD/YYYY) 03/07/2048		Amount 37.20
Street Address 510 TOWNSEND ST.		Purpose CREDIT CARD FEES FOR DONATIONS BY CREDIT CARD		
City SAN FRANCISCO	State CA	Zip Code 94103	Check Number ELECTRONIC	
To Whom Paid PNC BANK		Date (MM/DD/YYYY) 06/01/2018		Amount 5.00
Street Address PO BOX 609		Purpose SERVICE CHARGE		
City PITTSBURG	State PA	Zip Code 15230	Check Number ELECTRONIC	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$ 2,042.20