

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full KEEP HILLIARD BEAUTIFUL												
To Whom Paid PROFORMA						M	D	Y	Amount			
						0	5	0	1	1	6	4,002.98
Address PO BOX 640814				Purpose PAY OUTSTANDING DEBT POST PRIMARY REPORT								
City CINCINNATI		State O H		Zip Code 45264-0814		Check Number						
To Whom Paid PAUL LAMBERT - PAID FACEBOOK ADVERTISING						M	D	Y	Amount			
						0	5	0	1	1	6	484.58
Address 4697 PRESTIGE LANE				Purpose PAY OUTSTANDING DEBT POST PRIMARY REPORT								
City HILLIARD		State O H		Zip Code 43026		Check Number						
To Whom Paid MC TIGUE & COLOMBO, LLC						M	D	Y	Amount			
						0	5	1	9	1	6	4,500.00
Address 545 EAST TOWN ST.				Purpose PAY OUTSTANDING DEBT POST PRIMARY REPORT								
City COLUMBUS		State O H		Zip Code 43215		Check Number 1013						
To Whom Paid MC TIGUE & COLOMBO, LLC						M	D	Y	Amount			
						0	6	3	0	1	6	2,000.00
Address 545 TOWN ST.				Purpose PAY OUTSTANDING DEBT POST PRIMARY REPORT								
City COLUMBUS		State O H		Zip Code 43215		Check Number 1014						
To Whom Paid MC TIGUE & COLOMBO, LLC						M	D	Y	Amount			
						1	2	3	1	1	6	3,020.00
Address 545 TOWN ST.				Purpose PAY OUTSTANDING DEBT POST PRIMARY REPORT								
City COLUMBUS		State O H		Zip Code 43215		Check Number 1015						
To Whom Paid STRIPE CREDIT CARD PROCESSING						M	D	Y	Amount			
						0	5	1	0	1	6	12.42
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						