FOR PAPER FILING ONLY

Event date	3-11-2016	
Page	1	-

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full					
KEEP HILLIARD BEAUTIFUL PAC				M D Y	Amount
	DDIE	'D\		0 3 1 1 1 6	1
OLD BAG OF NAILS (HEATHER CA	Purpose	·K)		0 3 1 1 1 6	690.86
4065 MAIN STREET					
City	S	tato	Zip Code	Check Number	
HILLIARD	0	Н	43026	1009	
HILLIARD To Whom Paid		-	,	M D Y	
Address	Purpose				
City	S	tate	Zip Code	Check Number	
To Whom Paid				M D Y	Amount
(A.3.1	in				
Address	Purpose				
City	5	tiste	Zip Code	Check Number	
City	"		Lip con	CIACA HUILACA	
To Whom Paid	<u> </u>	<u> </u>	l		Amount
Address	Purpose	_			<u> </u>
City	Si	tate	Zip Code	Check Number	
	1				
To Whom Paid	<u>'</u>	•	!	M D Y	Amount
Address	Purpose				·
City	S	late	Zip Code	Check Number	
				•	
To Whom Paid				M D Y	Amount
	10				<u> </u>
Address	Purpose				
City		tate	Zip Code	Check Number	
City	,	tar.	Zip Cook	Ciaca (vanioci	
To Whom Paid	!	<u> </u>	<u> </u>	M _i D _i Y _i	Amount
Āddress	Purpose				<u>L</u>
					~
City	s	tate	Zip Code	Check Number	
1					
L	•	•		<u> </u>	

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	690.86
'' —	