

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 | | | | | | | | |
| To Whom Paid | | | | | M | D | Y | Amount |
| OLD BAG OF NAILS (HEATHER CARRIER) | | | | | 0 | 3 | 1 | 690.86 |
| Address | | Purpose | | | | | | |
| 4065 MAIN STREET | | | | | | | | |
| City | State | Zip Code | Check Number | | | | | |
| HILLIARD | O H | 43026 | 1009 | | | | | |
| 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 | | | | | |
| | | | | | | | | |
| 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 | | | | | |
| | | | | | | | | |
| To Whom Paid | | | | | M | D | Y | Amount |
| | | | | | | | | |
| Address | | Purpose | | | | | | |
| | | | | | | | | |
| City | State | Zip Code | Check Number | | | | | |
| | | | | | | | | |

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