31-F	•
R.C. 3517 10	}

Event Date	9/26/11
Page 1	

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full	···-		······································		
COMMITTEE TO ELECT PAUL LEITHA	ART				
To Whom Paid HICKORY HOUSE			0 9 2 8 1 1	Amount \$683.01	
Address 550 OFFICECENTER PL.	Purpose BREAKFA				
City GAHANNA	Stalte Zip Code OH 43230		Check Number		
To Whom Paid			M D Y	Аточлі	
Address	Purpose				
City	State OH	Zip Code	Check Number		
To Whom Paid	<u></u>	-1	M D Y	Атоилі	
Address	Purpose				
City	Stajtc OH	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose		manufactured of the form	-, <b>4.</b>	
City	State OH	Zip Code	Check Number		
To Whom Paid			M D Y	Aurount	
Address	Риросе				
City	State OH	Zip Code	Check Number		
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	State OH	Zip Code	Check Number		
To Whom Paid			M D V	Amoust	
Address	Purpose				
City.	State OH	Zíp Code	Check Number		
<u> </u>	1011				

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.

\$683.01
Page Total \$