

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 LEITHART										
To Whom Paid HICKORY HOUSE				M 0	D 9	Y 2	Y 8	Y 1	Y 1	Amount \$683.01
Address 550 OFFICECENTER PL.				Purpose BREAKFAST FUNDRAISER						
City GAHANNA				State OH		Zip Code 43230		Check Number 1001		
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address				Purpose						
City				State		Zip Code		Check Number		
				OH						
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address				Purpose						
City				State		Zip Code		Check Number		
				OH						
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address				Purpose						
City				State		Zip Code		Check Number		
				OH						
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address				Purpose						
City				State		Zip Code		Check Number		
				OH						
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address				Purpose						
City				State		Zip Code		Check Number		
				OH						
To Whom Paid				M	D	Y	Y	Y	Y	Amount
Address				Purpose						
City				State		Zip Code		Check Number		
				OH						

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 \$