

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Everyone for Ed Leonard							
To Whom Paid CBR'S				M 0	D 9	Y 2	Amount 329.00
Address 503 S FRONT STREET		Purpose BEVERAGE EXPENSE					
City COLUMBUS	State O	Zip Code 43215	Check Number EFT				
To Whom Paid CBR'S				M 1	D 0	Y 1	Amount 64.00
Address 503 S FRONT STREET		Purpose BEVERAGE EXPENSE					
City COLUMBUS	State O	Zip Code 43215	Check Number EFT				
To Whom Paid BELLERIA				M 1	D 0	Y 1	Amount 156.25
Address 126 GRACELAND BLVD		Purpose FOOD PURCHASE					
City COLUMBUS	State O	Zip Code 43214	Check Number EFT				
To Whom Paid SHAWN MOSER				M 0	D 7	Y 0	Amount 131.58
Address 1403 PINE WILD DR		Purpose REIMBURSEMENT FOR EVENT FOOD PURCHASE					
City COLUMBUS	State O	Zip Code 43223	Check Number 1333				
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