31-F
R.C. 3517.10

Event Date ____________
Page ____________

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	M	D	Y	Amount
SODEXO INC & AFFILIATES	03	20	10	975.47

Address	Purpose
330 HUNTINGTON PARK LANE	EVENT DEPOSIT FEE

City	State	Zip Code	Check Number
COLUMBUS	OH	43215	

To Whom Paid	M	D	Y	Amount
SODEXO INC & AFFILIATES	05	18	10	154.97

Address	Purpose
330 HUNTINGTON PARK LANE	FOOD AND BEVERAGE EXPENSE

City	State	Zip Code	Check Number
COLUMBUS	OH	43215	1437

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

[illegible]

Page Total $ 1,130.44

32