



## Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee	<del></del>			_		
Everyone for Ed Leonard						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Ohio Cancer Research			2/22/2019		500.00	
Street Address	Purpose					
85 E Gay St Ste 700	Event Tickets					
City	State Zip Code Check Number				ck Number	
Columbus	он	43215 2020		20		
To Whom Paid	<del></del>		Date (MM/DD/YYYY)	Amount		
Mallory Murphy Law LLC	y Murphy Law LLC		2/22/2019 1		150.00	
Street Address	Purpose					
4100 Regent St, Ste A	Legal Services					
City	State	Zip	Code C		heck Number	
Columbus	он	43	219		2021	
To Whom Paid	<del></del>		Date (MM/DD/YYYY)		Amount	
Street Address	Street Address Purpose					
City	State	Zip Code Check Number		ck Number		
	он					
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose	Purpose				
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City	State	Zip Code		Che	Check Number	
	ОН					
nom Paid		_	Date (MM/DD/YYYY)		Amount	
Street Address	Purpose		·			
City	State	e Zip Code Check Number			ck Number	
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Page Total \$ 650.00	