

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Everyone for Ed Leonard							
To Whom Paid Bob Evans				M	D	Y	Amount
				0	1	1	23.18
Address 1455 Olentangy River Rd		Purpose Meeting Expense					
City Columbus	State O H	Zip Code 43212	Check Number DC				
To Whom Paid Black Creek Bistro				M	D	Y	Amount
				0	1	1	23.22
Address 51 Parsons Ave		Purpose Meeting Expense					
City Columbus	State O H	Zip Code 43215	Check Number DC				
To Whom Paid Friends for Ginther				M	D	Y	Amount
				0	1	1	2,000.00
Address 545 E Town St		Purpose Contribution					
City Columbus	State O H	Zip Code 43215	Check Number 1588				
To Whom Paid Ed Leonard				M	D	Y	Amount
				0	1	1	792.99
Address 521 Fairlawn Dr		Purpose Expense Reimbursement					
City Columbus	State O H	Zip Code 43214	Check Number 1589				
To Whom Paid Giant Eagle				M	D	Y	Amount
				0	1	1	36.00
Address 280 E Whittier St		Purpose Meeting Expense					
City Columbus	State O H	Zip Code 43206	Check Number DC				
To Whom Paid Kroger				M	D	Y	Amount
				0	1	1	18.90
Address 150 W Sycamore St		Purpose Meeting Expense					
City Columbus	State O H	Zip Code 43215	Check Number DC				
To Whom Paid Scrambler Maries				M	D	Y	Amount
				0	1	1	13.00
Address 567 E Livingston Ave		Purpose Meeting Expense					
City Columbus	State O H	Zip Code 43215	Check Number DC				
To Whom Paid Bare Burger				M	D	Y	Amount
				0	1	1	33.33
Address 463 N High St		Purpose Meeting Expense					
City Columbus	State O H	Zip Code 43215	Check Number DC				