



## Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee					
Full Name of Committee					
Everybody for Ed Leonard					
To Whom Paid			Date (MM/DD/YYYY)		Amount
Mallory Murphy			11/01/2018		150.00
Street Address	Purpose				
4100 Regent St, Ste A	Legal Services				
City	State	State Zip Code Check Number			
Columbus	он	43219 2019			19
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose		<u> </u>		
City	State Zip Code Check N		eck Number		
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To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip Code Check Numbe		ck Number	
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To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip Code Check Nur		ck Number	
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To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip Code Check Number			
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