

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 Grosso's					M 0	D 3	Y 1	Amount 521.00
Address 961 S High St		Purpose Event Expense						
City Columbus		State O	Zip Code 43206	Check Number DC				
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				
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.