

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			
Columbus Clippers						0	4	2	3	1	5	393.75
Address				Purpose								
330 Huntington Park				Event Expense								
City				State		Zip Code		Check Number				
Columbus				OH		43215		DC				
To Whom Paid						M	D	Y	Amount			
Columbus Clippers						0	5	2	8	1	5	2,982.83
Address				Purpose								
330 Huntington Park				Event Expense								
City				State		Zip Code		Check Number				
Columbus				OH		43215		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				

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.