

| | |
|------------|----------------|
| Event Date | <u>1/26/16</u> |
| Page | <u>30</u> |

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 | | |
| Shadowbox Live | | | | | | 0 | 1 | 2 | 1 | 6 | 996.57 |
| Address | | | | Purpose | | | | | | | |
| 503 S Front St #260 | | | | Event Expense | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | |
| Columbus | | O H | | 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 | | | | | |
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| To Whom Paid | | | | | | M | D | Y | Amount | | |
| | | | | | | | | | | | |
| Address | | | | Purpose | | | | | | | |
| | | | | | | | | | | | |
| City | | State | | Zip Code | | Check Number | | | | | |
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| To Whom Paid | | | | | | M | D | Y | Amount | | |
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| Address | | | | Purpose | | | | | | | |
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| 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.

| | |
|---------------|---------------|
| Page Total \$ | <u>996.57</u> |
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