

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 Nathaniel Simon				M 0	D 3	Y 1	Amount 25.24
Address 1512 Indianola Ave		Purpose					
City Columbus	State O	Zip Code H 43201	Check Number 1641				
To Whom Paid Bravo Brio Restaurant Group				M 0	D 3	Y 2	Amount 198.00
Address 777 Goodale Blvd, Suite 100		Purpose Catering					
City Columbus	State O	Zip Code H 43212	Check Number 1645				
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.