

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							<del>.</del>	
Everyone for Ed Leonard								
To Whom Paid				М	D	Y	Amount	
Nathaniel Simon				0 3	017	1 6		25.24
Address	Purpose							
1512 Indianola Ave								
City	State		Zip Code	Check Number				
Columbus	OH		43201		1641			3
To Whom Paid				M	D	Y	Amount	
Bravo Brio Restaurant Group			<del></del>	0 3	2 4	1 6	1	98.00
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City City			Zip Code	Check Number				1
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	<b>,</b>		<del></del>	<u> </u>			<u> </u>	
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City	Stat	te	Zip Code	Check 1	Number			
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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 \$ 223.24