

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Everyone for Ed Leonard									
To Whom Paid Flichia Wholesale						M	D	Y	Amount
						1	0	0	49.68
Address 3100 E 17th Ave		Purpose Parade Expense							
City Columbus	State O	H	Zip Code 43219	Check Number DC					
To Whom Paid Madrid						M	D	Y	Amount
						1	0	1	403.07
Address 185 N High St		Purpose Event Expense							
City Columbus	State O	H	Zip Code 43215	Check Number DC					
To Whom Paid Mallory Murphy Law, LLC						M	D	Y	Amount
						1	0	1	100.00
Address 2516 Dahlia Way		Purpose Treasurer Services							
City Columbus	State O	H	Zip Code 43235	Check Number 1501					
To Whom Paid Ray Miller						M	D	Y	Amount
						1	0	1	40.00
Address 750 E Long St, Ste 3000		Purpose Contribution Refund							
City Columbus	State O	H	Zip Code 43203	Check Number 1502					
To Whom Paid T Murray's Bar						M	D	Y	Amount
						1	0	1	43.23
Address 560 S High St		Purpose Event Expense							
City Columbus	State O	H	Zip Code 43215	Check Number DC					
To Whom Paid T Murray's Bar						M	D	Y	Amount
						1	0	1	303.89
Address 560 S High St		Purpose Event Expense							
City Columbus	State O	H	Zip Code 43215	Check Number DC					
To Whom Paid Mike Barnett						M	D	Y	Amount
						1	0	1	300.00
Address 3359 Timber Run Dr		Purpose Sign Construction							
City Columbus	State O	H	Zip Code 43204	Check Number 1503					
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State	H	Zip Code	Check Number					