



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

|  |             |                                 |                      |                  |
|--|-------------|---------------------------------|----------------------|------------------|
| <b>Full Name of Committee</b><br>Everyone for Ed Leonard |             |                                 |                      |                  |
| To Whom Paid<br>Mallory Murphy Law LLC                   |             | Date (MM/DD/YYYY)<br>09/07/2019 |                      | Amount<br>150.00 |
| Street Address<br>4100 Regent Ste, Ste A                 |             | Purpose<br>Legal Services       |                      |                  |
| City<br>Columbus   | State<br>OH | Zip Code<br>43219               | Check Number<br>2022 |                  |
| To Whom Paid<br>Coalition of Black Trade Unionists       |             | Date (MM/DD/YYYY)<br>11/22/2019 |                      | Amount<br>220.00 |
| Street Address<br>PO Box 24293                           |             | Purpose<br>Event Tickets        |                      |                  |
| City<br>Columbus   | State<br>OH | Zip Code<br>43224               | Check Number<br>2023 |                  |
| To Whom Paid   |             | Date (MM/DD/YYYY)               |                      | Amount           |
| Street Address   |             | Purpose                         |                      |                  |
| City   | State<br>OH | Zip Code                        | Check Number         |                  |
| To Whom Paid   |             | Date (MM/DD/YYYY)               |                      | Amount           |
| Street Address   |             | Purpose                         |                      |                  |
| City   | State<br>OH | Zip Code                        | Check Number         |                  |
| To Whom Paid   |             | Date (MM/DD/YYYY)               |                      | Amount           |
| Street Address   |             | Purpose                         |                      |                  |
| City   | State<br>OH | Zip Code                        | Check Number         |                  |
| To Whom Paid   |             | Date (MM/DD/YYYY)               |                      | Amount           |
| Street Address   |             | Purpose                         |                      |                  |
| City   | State<br>OH | Zip Code                        | Check Number         |                  |

Page Total \$ 370.00