

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT PAUL LEITHART						
To Whom Paid HICKORY HOUSE				M 0	D 9	Amount \$683.01
Address 550 OFFICECENTER PL.				Purpose BREAKFAST FUNDRAISER		
City GAHANNA		State OH	Zip Code 43230	Check Number 1001		
To Whom Paid				M	D	Amount
Address				Purpose		
City		State	Zip Code	Check Number		
		OH				
To Whom Paid				M	D	Amount
Address				Purpose		
City		State	Zip Code	Check Number		
		OH				
To Whom Paid				M	D	Amount
Address				Purpose		
City		State	Zip Code	Check Number		
		OH				
To Whom Paid				M	D	Amount
Address				Purpose		
City		State	Zip Code	Check Number		
		OH				
To Whom Paid				M	D	Amount
Address				Purpose		
City		State	Zip Code	Check Number		
		OH				
To Whom Paid				M	D	Amount
Address				Purpose		
City		State	Zip Code	Check Number		
		OH				

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.

\$683.01
Page Total \$