31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Everyone for Ed Leonard							
Full Name of Contributor						Registration Number, if PAC	
Vorys Sater Seymour and Pease LLP Advocate for Effective Public A						OH109	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
52 E Gay St, PO Box 1008						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43215	1 | 1	2 | 4	1 | 4	500.00	
Full Name of Contributor						Registration Number, if PAC	
Irene A Heiberger							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
4595 Shires Ct						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43220	1 | 1	2 | 4	1 | 4	500.00	
Full Name of Contributor						Registration Number, if PAC	
David A Kopech							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
206 Green Springs Dr						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43235	1 | 1	2 | 4	1 | 4	200.00	
Full Name of Contributor						Registration Number, if PAC	
Gregory N Finnerty							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
6013 Round Tower Lane						Check	
City	State	Zip Code	M	D	Y	Amount	
Dublin	O | H	43017	1 | 1	2 | 4	1 | 4	100.00	
Full Name of Contributor						Registration Number, if PAC	
Robert Lanthorn							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
3233 Georgesville-Wrightsville Rd						Cash	
City	State	Zip Code	M	D	Y	Amount	
Grove City	O | H	43123	1 | 1	2 | 4	1 | 4	100.00	
Full Name of Contributor						Registration Number, if PAC	
Jason J Miles							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
5632 Cardin Blvd						Check	
City	State	Zip Code	M	D	Y	Amount	
Dublin	O | H	43016	1 | 1	2 | 4	1 | 4	500.00	
Full Name of Contributor						Registration Number, if PAC	
Mo Dioun							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
PO Box 1398						Check	
City	State	Zip Code	M	D	Y	Amount	
Englewood	F | L	34295	1 | 1	2 | 4	1 | 4	250.00	
Full Name of Contributor						Registration Number, if PAC	
Matthew Q McClellan							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1673 Essex Rd						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43221	1 | 1	2 | 4	1 | 4	1,000.00	

* Required for contributions from individuals over $100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of $100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total $ 3,150.00