31-E R.C. 3517.10(B)

Event Date	1/26/16				
Page	10				
-					

Statement of Contributions Received at a Social or Fundraising Event

Preceribed by Secretory of State 3/05

	Prescribed by Sec	retary of State 3/05					
Name of Committee in Full							
Evervone for Ed Leonard							
Full Name of Contributor			Registration Number, if PAC				
George R McCue			М		1		
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		D	Y	Amount	250.00
4598 Bridge Path Lane			0 1	2 6			250.00
City	State	Zip Code	Form(Ca				
Dublin	0 H	43017		<u>Checl</u>	_		
Full Name of Contributor	<u> </u>		Registrat	ion Num	ber, if PA	.C	
Larry Price			М			_	
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		D	Y	Amount	250.00
1587 Franklin Park S				2 6			250.00
City	State	Zip Code	Form(Ca		_		
Columbus	<u> </u>	43205		Chec.			
Full Name of Contributor			Registra	ion Num	ber, if PA	ıC	
Mvron N Terleckv			М				
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		D	Y	Amount	250.00
6332 Oisin Ct			01	216			250.00
City	State	Zip Code		sh Chec			
Dublin	<u> </u>	43016		<u>Chec</u>			
Full Name of Contributor	 -		Registra	tion Nur	iber, if PA	/C	
David Kopech/Kopech & O'Grady	LLC		M	D	~		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Y	Amount	250.00
471 E Broad St, Ste 2001		<u>-</u>	0 1		1 6		250.00
City	State	Zip Code		ash,Chec			
Columbus	<u> 0 H</u>	43215		<u>Chec</u>			
Full Name of Contributor			Registra	tion Nun	aber, if PA	AC	
Antoinette F Wilson			<u>М</u>	T	1	T	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	250.00
3500 Fairway Commons Drive					1 6		250.00
City	State	Zip Code	I	ash Chec			
Hilliard	OIH	43026	_	Chec			
Full Name of Contributor			Registra	ttion Nur	nber, if Pa	AC	
Gregory N Finnerty						T	
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	250.00
6013 Round Tower Ln			0 1		116		<u>250.00</u>
City	State	Zip Code	Form(C	ash,Chec	_		
Dublin	<u> </u>	43017		Chec			
Full Name of Contributor			Registra	ution Nu	nber, if P	AU.	
Vicki L Pilkington			M	1 -		 	_
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*		D	Y	Amount	250.00
2404 Huntmaster Ln			011		5 1 6	<u> </u>	250.00
City	State	Zip Code	Form(C	ash,Che	_		
Grove City	OH	43123		Chec	CK		

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	Page Total \$ 1,750.00

^{*} 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)]