

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Everyone for Ed Leonard</b>				
Full Name of Contributor <b>Norwood D. Thomas</b>			Registration Number, if PAC	
Street Address <b>373 Thurman Ave</b>	Employer/Occupation/Labor Organization* <b>Caldwell Banker/ Realtor</b>		M   D   Y <b>0   9   2   4   1   3</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Erik Janas</b>			Registration Number, if PAC	
Street Address <b>1466 Mews Court</b>	Employer/Occupation/Labor Organization* <b>Fr Co/Dep Co Admin</b>		M   D   Y <b>0   9   2   4   1   3</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Craig B. Paynter</b>			Registration Number, if PAC	
Street Address <b>196 S Grant Ave #602</b>	Employer/Occupation/Labor Organization* <b>Taft Stettinius/ Attorney</b>		M   D   Y <b>0   9   2   4   1   3</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Mary Ten Eyck Taylor</b>			Registration Number, if PAC	
Street Address <b>903 S Remington Road</b>	Employer/Occupation/Labor Organization* <b>Self-employed/ Attorney</b>		M   D   Y <b>0   9   2   4   1   3</b>	Amount <b>50.00</b>
City <b>Bexlev</b>	State <b>O   H</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Dennis G. Schwallie</b>			Registration Number, if PAC	
Street Address <b>8955 Easton Drive</b>	Employer/Occupation/Labor Organization* <b>Peck Shaffer/ Attorney</b>		M   D   Y <b>0   9   2   4   1   3</b>	Amount <b>50.00</b>
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Wm. L. Buckel</b>			Registration Number, if PAC	
Street Address <b>1641 Hess Blvd</b>	Employer/Occupation/Labor Organization* <b>None/Retired</b>		M   D   Y <b>0   9   2   4   1   3</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>William C Jennison</b>			Registration Number, if PAC	
Street Address <b>4958 Longbenton Way</b>	Employer/Occupation/Labor Organization* <b>Fr. Co CFA/ Exec Dir</b>		M   D   Y <b>0   9   2   4   1   3</b>	Amount <b>50.00</b>
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43017</b>	Form(Cash,Check,etc) <b>Check</b>	

\* 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)]

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 \$ 350.00