

## 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>Columbus Apartment Association PAC</b>			Registration Number, if PAC <b>OH 146</b>	
Street Address <b>1225 Dublin Rd</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>016   012   115</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Voqrvs Sater Sevmour and Pease LLP Advocate for Effective Public</b>			Registration Number, if PAC <b>OH 109</b>	
Street Address <b>52 E Gay St, PO Box 1008</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>016   012   115</b>	Amount <b>500.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>IBEW PAC Voluntary Fund</b>			Registration Number, if PAC	
Street Address <b>900 Seventh St NW</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>016   012   115</b>	Amount <b>1,000.00</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20001</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Wayne A Garland Jr</b>			Registration Number, if PAC	
Street Address <b>PO Box 8310</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>016   012   115</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43201</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>William B Coleman</b>			Registration Number, if PAC	
Street Address <b>7087 Shetland St</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>016   012   115</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43235</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jeffrey D Mackey</b>			Registration Number, if PAC	
Street Address <b>1538 Melrose Ave</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>016   012   115</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43224</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>111 Liberty Street LLC</b>			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y <b>016   012   115</b>	Amount <b>500.00</b>
City	State	Zip Code	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 \$ 2,550.00