

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Everyone for Ed Leonard				
Full Name of Contributor James O Heiberger			Registration Number, if PAC	
Street Address 4595 Shires Ct	Employer/Occupation/Labor Organization* MAPSYS/ Sales Exec		M D Y 0 9 2 4 1 3	Amount 150.00
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Gregory N. Finnerty			Registration Number, if PAC	
Street Address 6013 Roudn Tower Lane	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M D Y 0 9 2 4 1 3	Amount 200.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Charles L. Bluestone			Registration Number, if PAC	
Street Address 7485 Tottenham Place	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M D Y 0 9 2 4 1 3	Amount 250.00
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check	
Full Name of Contributor Plumbers & Pipefitters LU 189			Registration Number, if PAC PCE #6220	
Street Address 1250 Kinnear Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 250.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor John W. Kessler			Registration Number, if PAC	
Street Address 4 Bottomley Crescent	Employer/Occupation/Labor Organization* New Albany Co/Pres		M D Y 0 9 2 4 1 3	Amount 250.00
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check	
Full Name of Contributor J. Michael Cook			Registration Number, if PAC	
Street Address 235 Woodland Dr	Employer/Occupation/Labor Organization* International Paint/Exec		M D Y 0 9 2 4 1 3	Amount 400.00
City Medina	State O H	Zip Code 44256	Form(Cash,Check,etc) Check	
Full Name of Contributor Jason J. Miles			Registration Number, if PAC	
Street Address 5632 Cardin Blvd	Employer/Occupation/Labor Organization* Miles McClellan/Exec		M D Y 0 9 2 4 1 3	Amount 500.00
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) Check	

* 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 \$ 2,000.00