

## 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>Daniel M McCarthy</b>				Registration Number, if PAC				
Street Address <b>4355 Shelbourne Ln</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
<b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220</b>	<b>0</b>	<b>2</b>	<b>17</b>	<b>116</b>	<b>150.00</b>
Form(Cash,Check,etc) <b>Check</b>								
Full Name of Contributor <b>Thomas E Mosure</b>				Registration Number, if PAC				
Street Address <b>4318 Tavistock Cir</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
<b>Powell</b>		State <b>OH</b>	Zip Code <b>43065</b>	<b>0</b>	<b>2</b>	<b>17</b>	<b>116</b>	<b>200.00</b>
Form(Cash,Check,etc) <b>Check</b>								
Full Name of Contributor <b>Mark Wagenbrenner/Wagenbrenner Weinland Park Homes LLC</b>				Registration Number, if PAC				
Street Address <b>575 W 1st Ave, Ste 100</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
<b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	<b>0</b>	<b>2</b>	<b>17</b>	<b>116</b>	<b>200.00</b>
Form(Cash,Check,etc) <b>Check</b>								
Full Name of Contributor <b>Brian R Barrett/Wagenbrenner Weinland Park Homes LLC</b>				Registration Number, if PAC				
Street Address <b>575 W 1st Ave, Ste 100</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
<b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	<b>0</b>	<b>2</b>	<b>17</b>	<b>116</b>	<b>150.00</b>
Form(Cash,Check,etc) <b>Check</b>								
Full Name of Contributor <b>Eric Wagenbrenner/Wagenbrenner Weinland Park Homes LLC</b>				Registration Number, if PAC				
Street Address <b>575 W 1st Ave, Ste 100</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
<b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	<b>0</b>	<b>2</b>	<b>17</b>	<b>116</b>	<b>50.00</b>
Form(Cash,Check,etc) <b>Check</b>								
Full Name of Contributor <b>Joe Williams/Wagenbrenner Weinland Park Homes LLC</b>				Registration Number, if PAC				
Street Address <b>575 W 1st Ave, Ste 100</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
<b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	<b>0</b>	<b>2</b>	<b>17</b>	<b>116</b>	<b>100.00</b>
Form(Cash,Check,etc) <b>Check</b>								
Full Name of Contributor				Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
		State	Zip Code					
Form(Cash,Check,etc)								

\* 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 \$ 850.00