

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 Gregory J Lestini			Registration Number, if PAC	
Street Address 37 N Stanwood Rd	Employer/Occupation/Labor Organization* Bricker & Eckler/ Attorney		M D Y 016 012 115	Amount 100.00
City Bexley	State O H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Jada M Brady			Registration Number, if PAC	
Street Address 1608 Arlington Ave	Employer/Occupation/Labor Organization* Ohio Liquor Com/Exec Dir		M D Y 016 012 115	Amount 100.00
City Marble Cliff	State O H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor Jason Headings			Registration Number, if PAC	
Street Address 5912 Passage Creek Dr	Employer/Occupation/Labor Organization* Meedor Investment/VP		M D Y 016 012 115	Amount 200.00
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas F Harris			Registration Number, if PAC	
Street Address 4583 Pine Tree Ct	Employer/Occupation/Labor Organization* HMB/CEO		M D Y 016 012 115	Amount 250.00
City Westerville	State O H	Zip Code 43082	Form(Cash,Check,etc) Check	
Full Name of Contributor Myron N Terleckv			Registration Number, if PAC	
Street Address 6332 Oisin Ct	Employer/Occupation/Labor Organization* Strip Hoppers/ Attorney		M D Y 016 012 115	Amount 500.00
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) Check	
Full Name of Contributor Lance Thompson/LT Consult LLC			Registration Number, if PAC	
Street Address 884 Village Brook Wav	Employer/Occupation/Labor Organization*		M D Y 016 012 115	Amount 500.00
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor Curtiss L Williams			Registration Number, if PAC	
Street Address 6193 Billington Dr	Employer/Occupation/Labor Organization* COCIC Fr Co/Vice Preside		M D Y 016 012 115	Amount 100.00
City Columbus	State O H	Zip Code 43213	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 \$ 1,750.00