

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 Carpenters Local Union 200 PCE			Registration Number, if PAC	
Street Address 1545 Alum Creek Dr	Employer/Occupation/Labor Organization*		M D Y 016 012 115	Amount 500.00
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Howard Schottenstein/Leonard Real Estate Investments			Registration Number, if PAC	
Street Address 2392 E Main St	Employer/Occupation/Labor Organization*		M D Y 016 012 115	Amount 100.00
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Ty D Marsh			Registration Number, if PAC	
Street Address 57 Riverview Park Dr	Employer/Occupation/Labor Organization*		M D Y 016 012 115	Amount 100.00
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor James K Williams III			Registration Number, if PAC	
Street Address 2518 Darling Rd	Employer/Occupation/Labor Organization*		M D Y 016 012 115	Amount 250.00
City Blacklick	State OH	Zip Code 43004	Form(Cash,Check,etc) Check	
Full Name of Contributor Brian David Butcher			Registration Number, if PAC	
Street Address 239 Auburn Dr	Employer/Occupation/Labor Organization*		M D Y 016 012 115	Amount 200.00
City Newark	State OH	Zip Code 43055	Form(Cash,Check,etc) Check	
Full Name of Contributor James O Heiberger			Registration Number, if PAC	
Street Address 4595 Shires Ct	Employer/Occupation/Labor Organization*		M D Y 016 012 115	Amount 500.00
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael Scoliere			Registration Number, if PAC	
Street Address 4603 Gwynedd Ct	Employer/Occupation/Labor Organization*		M D Y 016 012 115	Amount 250.00
City Dublin	State OH	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 \$ 1,900.00