

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 John C. Rosenberger			Registration Number, if PAC			
Street Address 885 S Pearl St	Employer/Occupation/Labor Organization* COCIC/President		M 0	D 9	Y 2	Amount 500.00
City Columbus	State O	Zip Code H 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Teamsters Local Union No 413 Drive Fund			Registration Number, if PAC			
Street Address 555 E Rich St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 500.00
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Glenn Alban/ Alban Cost Account			Registration Number, if PAC			
Street Address 7100 N High St, Suite 102	Employer/Occupation/Labor Organization* Alban & Alban/ Attorney		M 0	D 9	Y 2	Amount 500.00
City Worthington	State O	Zip Code H 43085	Form(Cash,Check,etc) Check			
Full Name of Contributor Vorys Sater Seymour and Pease LLP Advocate for Effective Public A			Registration Number, if PAC OH109			
Street Address 52 E Gay St, PO Box 1008	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 500.00
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Teachers for Better Schools			Registration Number, if PAC			
Street Address 929 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 1,000.00
City Columbus	State O	Zip Code H 43205	Form(Cash,Check,etc) Check			
Full Name of Contributor Todd F. Dieffenderfer			Registration Number, if PAC			
Street Address 203 Richards Rd	Employer/Occupation/Labor Organization* United Way/Chief Alignm		M 1	D 0	Y 0	Amount 50.00
City Columbus	State O	Zip Code H 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor UFCW Local 1059 Active Ballot Club			Registration Number, if PAC LA437			
Street Address 4150 E Main St	Employer/Occupation/Labor Organization*		M 1	D 0	Y 0	Amount 250.00
City Columbus	State O	Zip Code H 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 \$ 3,300.00