

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 Randall Arndt				Registration Number, if PAC	
Street Address 272 Ashbourne Rd	Employer/Occupation/Labor Organization* Ice Miller/Attorney		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Robert Weisman				Registration Number, if PAC	
Street Address 7277 Pennvroval Pl	Employer/Occupation/Labor Organization* Ice Miller/Attorney		M 0	D 6	Y 15
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Columbus Sheet Metal Workers Committee on Political Education				Registration Number, if PAC OH 1053	
Street Address 3035 Lamb Ave	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43219	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor James D Abrams				Registration Number, if PAC	
Street Address 380 Woodgate Ln	Employer/Occupation/Labor Organization* Chester Willcox/Attorney		M 0	D 6	Y 15
City Westerville	State OH	Zip Code 43082	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Julia A Fox				Registration Number, if PAC	
Street Address 2616 Wexford Rd	Employer/Occupation/Labor Organization* Self-employed/Realtor		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Stephen C Fitch				Registration Number, if PAC	
Street Address 885 Robbins Way	Employer/Occupation/Labor Organization* Taft Stettinius/Attorney		M 0	D 6	Y 15
City Worthington	State OH	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Andrew Jacobs				Registration Number, if PAC	
Street Address 111 W 110th St, Apt 14C	Employer/Occupation/Labor Organization* Sustainable Agric Fund/Ex		M 0	D 6	Y 15
City New York	State NY	Zip Code 10026	Form(Cash,Check,etc) Check		Amount 500.00

* 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 \$ 1,850.00