

# 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>Myron N Terlecky</b>			Registration Number, if PAC	
Street Address <b>6332 Oisin Court</b>	Employer/Occupation/Labor Organization* <b>Strip Hopper/ Attorney</b>		M <b>0</b>	D <b>6</b>
City <b>Dublin</b>	State <b>O</b>	Zip Code <b>43016</b>	Y <b>1</b>	Amount <b>200.00</b>
Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>Wayne B Harer</b>			Registration Number, if PAC	
Street Address <b>2549 Tremont Road</b>	Employer/Occupation/Labor Organization* <b>Continental/Executive</b>		M <b>0</b>	D <b>6</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43221</b>	Y <b>1</b>	Amount <b>250.00</b>
Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>R Kevin Kerns</b>			Registration Number, if PAC	
Street Address <b>1902 Lake Shore Drive</b>	Employer/Occupation/Labor Organization* <b>Self-employed/ Attorney</b>		M <b>0</b>	D <b>6</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43204</b>	Y <b>1</b>	Amount <b>1,000.00</b>
Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>Larisa J. Forester</b>			Registration Number, if PAC	
Street Address <b>316 East 14th Street</b>	Employer/Occupation/Labor Organization* <b>MSA Architects/Director</b>		M <b>0</b>	D <b>6</b>
City <b>Cincinnati</b>	State <b>O</b>	Zip Code <b>45202</b>	Y <b>1</b>	Amount <b>100.00</b>
Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>Central Ohio Realtors PAC</b>			Registration Number, if PAC	
Street Address <b>2700 Airport Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43219</b>	Y <b>1</b>	Amount <b>1,000.00</b>
Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>Bricker &amp; Eckler LLP State PAC</b>			Registration Number, if PAC <b>OH821</b>	
Street Address <b>100 S Third Street</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43215</b>	Y <b>1</b>	Amount <b>250.00</b>
Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>Columbus Sheet Metal Workers Committee on Political Education</b>			Registration Number, if PAC <b>OH1053</b>	
Street Address <b>3035 Lamb Avenue</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>6</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43219</b>	Y <b>1</b>	Amount <b>500.00</b>
Form(Cash,Check,etc) <b>Check</b>				

\* 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