

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 Hamilton J Teaford				Registration Number, if PAC	
Street Address 91 E Deshler Ave	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Columbus	State O	Zip Code 43206	Form (Cash, Check, etc) Check		
Full Name of Contributor Bethany Hammond				Registration Number, if PAC	
Street Address 549 Illinois Ct	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Westerville	State O	Zip Code 43081	Form (Cash, Check, etc) Check		
Full Name of Contributor R Michael Taylor/Government Initiatives Group LLC				Registration Number, if PAC	
Street Address 222 E Town St, Ste 2W	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Columbus	State O	Zip Code 43215	Form (Cash, Check, etc) Check		
Full Name of Contributor Thomas A Smith				Registration Number, if PAC	
Street Address 7688 Adcock Rd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Westerville	State O	Zip Code 43082	Form (Cash, Check, etc) Check		
Full Name of Contributor Frederick A Vierow				Registration Number, if PAC	
Street Address 6870 Havmore Ave W	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Worthington	State O	Zip Code 43085	Form (Cash, Check, etc) Check		
Full Name of Contributor Price D Finlev				Registration Number, if PAC	
Street Address 3406 Colchester Rd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Columbus	State O	Zip Code 43221	Form (Cash, Check, etc) Check		
Full Name of Contributor Lori J Finnerty				Registration Number, if PAC	
Street Address 6013 Round Tower Lane	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Dublin	State O	Zip Code 43017	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 \$ 850.00