

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 P Johnson/John P Johnson Law Office LLC				Registration Number, if PAC	
Street Address 501 South High Street	Employer/Occupation/Labor Organization* Self-employed/Attorney		M 0	D 6	Y 13
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Lenore G Schottenstein				Registration Number, if PAC	
Street Address 1000 S Dawson Avenue, #301	Employer/Occupation/Labor Organization* None/Retired		M 0	D 6	Y 13
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc) Check		Amount 500.00
Full Name of Contributor Eric Solderitsch				Registration Number, if PAC	
Street Address 4464 Patricia Drive	Employer/Occupation/Labor Organization* Rockwell Automation/Manager		M 0	D 6	Y 13
City Brunswick	State OH	Zip Code 44212	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Stanley E Collins				Registration Number, if PAC	
Street Address 423 Hickory Lane	Employer/Occupation/Labor Organization* Ohio Mortgage Bankers Association		M 0	D 6	Y 13
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc) Check		Amount 500.00
Full Name of Contributor Michael Shonk				Registration Number, if PAC	
Street Address 24340 Claibourne Road	Employer/Occupation/Labor Organization* MAPSYS/Manager		M 0	D 6	Y 13
City Marvsville	State OH	Zip Code 43040	Form (Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Tracey A Bowman				Registration Number, if PAC	
Street Address 107 Ashbourne Road	Employer/Occupation/Labor Organization* None/Homemaker		M 0	D 6	Y 13
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Hakim Ben Adjoua				Registration Number, if PAC	
Street Address 670 Frances Court	Employer/Occupation/Labor Organization* Self-employed/Attorney		M 0	D 6	Y 13
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc) Check		Amount 100.00

* 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 \$ 1,750.00