Event Date	1/26/16
Page	4

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	eretary of State 3/05				
Name of Committee in Full						
Everyone for Ed Leonard						
Full Name of Contributor			Registration Number, if PAC			
Regina Hilborn						
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Y Amount		
1024 Hillsdale Drive				6 1 6	35.0 <u>0</u>	
City	State	Zip Code	Form(Cash,Che	_ '		
Columbus	IOIH	43224	Cas			
Full Name of Contributor			Registration Nu	imber, if PAC		
Joe Dav			M D			
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Y Amount		
156 W 6th Avenue				6 1 6	35.00	
City	State	Zip Code	Form(Cash,Che	_		
Columbus	OH	43201	Cas		•	
Full Name of Contributor			Registration Nu	imber, if PAC		
Nancy K Wonnell		<u>.</u>	M D			
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Y Amount	^^	
336 S High St				6 1 6	35.00	
City	State	Zip Code	Form(Cash,Che			
Columbus	$O \mid H$	43215	Cas			
Full Name of Contributor			Registration No	unber, if PAC		
Gabrielle Wonnell			M D			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Y Amount	10.00	
3191 Minerva Lake Rd		<u> </u>		6 1   6	40.00	
City	State	Zip Code	Form(Cash,Cho	_		
Columbus	<u> </u>	43231	Cash			
Full Name of Contributor			Registration No	imber, if PAC		
Lance Thompson/LTConsult LLC			M D			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Y Amount	==0.00	
884 Village Brook Wav	_	0 1 2 6 1 6			750.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	<u> </u>	43235	Che			
Full Name of Contributor			Registration N	umber, if PAC		
Mark Gillis/Rich & Gillis Law Group			ļ., <u> </u>			
Street Address	Employer/Occupation/Labor Organization*		M D 0 1 2	Y Amount	1 000 00	
6400 Riverside Drive, Suite D				6 1 6	1,000.00	
City	State	Zip Code	Form(Cash,Ch			
Dublin	<u> </u>	43017	<u>Che</u>			
Full Name of Contributor			Registration N	umber, if PAC		
Carpenters Local Union 200 PCE			PCE M D			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Y Amount	500.00	
1545 Alum Creek Drive				0   1   2   6   1   6   500.00		
City	State	Zip Code				
Columbus	OIH	43209	<u>Che</u>	CK CK		

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 \$ 2.395.00
23.055.00	996.57	

<sup>•</sup> 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)]