

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 Elden James Hoppie			Registration Number, if PAC	
Street Address 7717 Optimara Dr	Employer/Occupation/Labor Organization* Ice Miller/Attorney		M D Y 0 6 1 1 9 1 1 3	Amount 250.00
City Pickerington	State O H	Zip Code 43147	Form (Cash, Check, etc) Check	
Full Name of Contributor Victoria Powers			Registration Number, if PAC	
Street Address 291 S Cassingham Road	Employer/Occupation/Labor Organization* Ice Miller/Attorney		M D Y 0 6 1 1 9 1 1 3	Amount 250.00
City Columbus	State O H	Zip Code 43209	Form (Cash, Check, etc) Check	
Full Name of Contributor Bill Byers/Byers Minton & Associates LLC			Registration Number, if PAC	
Street Address 37 West Broad Street, Ste 820	Employer/Occupation/Labor Organization* Self-employed/Consultant		M D Y 0 6 1 1 9 1 1 3	Amount 125.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Andrew Minton/Bvers Minton & Associates LLC			Registration Number, if PAC	
Street Address 37 West Broad Street, Ste 820	Employer/Occupation/Labor Organization* Self-employed/Consultant		M D Y 0 6 1 1 9 1 1 3	Amount 125.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor FOP Political Education Fund			Registration Number, if PAC	
Street Address 6800 Schrock Hill Court	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 9 1 1 3	Amount 250.00
City Columbus	State O H	Zip Code 43219	Form (Cash, Check, etc) Check	
Full Name of Contributor George J Kontogiannis			Registration Number, if PAC	
Street Address 400 South Forth Street, Ste 400	Employer/Occupation/Labor Organization* Self-Employed/Real Estate		M D Y 0 6 1 1 9 1 1 3	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor IBEW PAC Voluntary Fund			Registration Number, if PAC	
Street Address 900 Seventh Street NW	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 9 1 1 3	Amount 500.00
City Washington	State D C	Zip Code 20001	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 \$ 2,000.00