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Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee														 		
Everyone for Edward	LLeon	ard														
From Whom Received								Prior Amount				Ап	Amt. Incurred this Period			
Edward Leonard									2,000.00				1		0.00	
Address								Outstanding Balance				0.00				
573 Bradley Street															0.00	
City	Loans Received This Period					Payments This Period										
Columbus	O H 43201			Date Amount					Date					Amount		
Date Loan was originally	M	D	Y	М	D	Y	\$		М		D	Y	\$			
Incurred	0 2	2 7	1 0	0 2	2 7	7 1 0		2000.00	0	7	3 0	1 1	Щ		2000	
Registration Number, if PAC				М	D	Y			М		D	Y				
Employer/Occupation/Labor Organization*				M	D	Y	1		М		D	Y	Т			
Franklin County Treas	urer															
From Whom Received									Prior Amount				An	Amt. Incurred this Period		
Address												, y	Ou	itstanding Balance	·	
City	State	State Zip Code			Loans Received This Period Date Amount					Paym Date				ents This Period Amount		
Date Loan was originally	М	D	Y	М	D	Y	\$		M		D	Y	S			
Incurred						1 }	ł]	1			
Registration Number, if PAC				М	D	Y			М		D	Y				
Employer/Occupation/Labor Organization*				М	D	Y	1		М		D	Y				
From Whom Received									Prior Amount				Αn	Amt. Incurred this Period		
Address Outstanding Balance									•							
City	State Zip Code				Loans Received This Period							Pay	ment	s This Period		
	1_				Date			Amount			Date	e		Amount		
Date Loan was originally Incurred	М	D	Y	M	D	Y	\$	0	M		D	Y	\$			
Registration Number, if PAC				М	D	Y		0	M		D	Y				
Employer/Occupation/Labor Organization*				М	D	Y			M		D	Y	T		•	
			4.										_			

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-
Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-

1 Total prior amount \$	2,000.00
2 Total received this period \$	0.00 (To Form No. 31-A-2)
3 Total Payments this Period \$	2,000.00 (also record on Form 31-B)
Total Outstanding Balance \$	0.00 (To Form No. 30-A)

^{*} Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two ormore employees donate 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)