

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 Kevin M Harr				Registration Number, if PAC	
Street Address 6024 Aquamarine Drive	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Grove City	State OH	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Marv Ann Potter Lewis				Registration Number, if PAC	
Street Address 868 Lynbrook Road	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Columbus	State OH	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Dwight E Garner				Registration Number, if PAC	
Street Address 895 Beech St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Robert E Bisciotti				Registration Number, if PAC	
Street Address 6059 Homewell St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Hilliard	State OH	Zip Code 43026	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Mary Jane Bover				Registration Number, if PAC	
Street Address 4406 Masters Drive	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Upper Arlington	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Scott Sanders				Registration Number, if PAC	
Street Address 13225 Canvon Lane	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Pickerington	State OH	Zip Code 43147	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Jay Collins King				Registration Number, if PAC	
Street Address 4592 Dunmann Wav	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Grove City	State OH	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 150.00

* 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 \$ 365.00