

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 E Christopher Leavv				Registration Number, if PAC	
Street Address 876 Chestershire Rd	Employer/Occupation/Labor Organization*		M 0	D 3	Y 16
City Columbus	State OH	Zip Code 43204	Form(Cash,Check,etc) Cash		Amount 10.00
Full Name of Contributor Joseph Day				Registration Number, if PAC	
Street Address 156 W 6th Ave	Employer/Occupation/Labor Organization*		M 0	D 3	Y 16
City Columbus	State OH	Zip Code 43201	Form(Cash,Check,etc) Cash		Amount 20.00
Full Name of Contributor Terri Everman Day				Registration Number, if PAC	
Street Address 4238 Olentangy Blvd	Employer/Occupation/Labor Organization*		M 0	D 3	Y 16
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Cash		Amount 35.00
Full Name of Contributor Brian E Shinn				Registration Number, if PAC	
Street Address 137 Morse Rd	Employer/Occupation/Labor Organization*		M 0	D 3	Y 16
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Gabrielle Wonnell				Registration Number, if PAC	
Street Address 3191 Minerva Lake Rd	Employer/Occupation/Labor Organization*		M 0	D 3	Y 16
City Columbus	State OH	Zip Code 43231	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Garv L Scheinbach				Registration Number, if PAC	
Street Address 4913 Smoketalk Lane #4	Employer/Occupation/Labor Organization*		M 0	D 3	Y 16
City Westerville	State OH	Zip Code 43081	Form(Cash,Check,etc) Check		Amount 30.00
Full Name of Contributor John F Ferner				Registration Number, if PAC	
Street Address 3933 London-Lancaster Road	Employer/Occupation/Labor Organization*		M 0	D 3	Y 16
City Groveport	State OH	Zip Code 43125	Form(Cash,Check,etc) Check		Amount 200.00

* 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

1,155.00

Total expenditures this event

521.00

Page Total \$ 355.00