

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 Jeff Benedict				Registration Number, if PAC			
Street Address 2107 Indianola Ave		Employer/Occupation/Labor Organization* Self-employed/Photograph		M 0	D 9	Y 2	Amount 20.00
City Columbus		State O	Zip Code H 43201	Form(Cash,Check,etc) Cash			
Full Name of Contributor Bob Luce				Registration Number, if PAC			
Street Address 2947 Tolbrock Cir		Employer/Occupation/Labor Organization* OSU/IT		M 0	D 9	Y 2	Amount 50.00
City Columbus		State O	Zip Code H 43017	Form(Cash,Check,etc) Cash			
Full Name of Contributor Beverly Johns				Registration Number, if PAC			
Street Address 1856 Oak Street		Employer/Occupation/Labor Organization* 		M 0	D 9	Y 2	Amount 50.00
City Columbus		State O	Zip Code H 43205	Form(Cash,Check,etc) Cash			
Full Name of Contributor Doug Carmack				Registration Number, if PAC			
Street Address 252 Wetmore Road		Employer/Occupation/Labor Organization* Self-employed/Financial A		M 0	D 9	Y 2	Amount 50.00
City Columbus		State O	Zip Code H 43214	Form(Cash,Check,etc) Cash			
Full Name of Contributor Dan C. Headapohl				Registration Number, if PAC			
Street Address 1252 Hope Ave		Employer/Occupation/Labor Organization* City of Columbus/Real Est		M 0	D 9	Y 2	Amount 12.00
City Columbus		State O	Zip Code H 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Ty D. Marsh				Registration Number, if PAC			
Street Address 57 Riverview Park Drive		Employer/Occupation/Labor Organization* Self-employed/Consultant		M 0	D 9	Y 2	Amount 50.00
City Columbus		State O	Zip Code H 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Dennis D. Driscoll				Registration Number, if PAC			
Street Address 7369 Hampsted Sq S		Employer/Occupation/Labor Organization* Abbott Nutrition/Sales		M 0	D 9	Y 2	Amount 50.00
City New Albany		State O	Zip Code H 43054	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 \$ 282.00