

FILED

Ohio Campaign Finance Report

08 FEB 21 PM 2: 50

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Everyone for Ed Leonard						Registration Number of PAC					
Full Name of Candidate Edward Leonard											
Street Address 1480 Dublin Road				Office Sought Franklin Co. Treasurer		District					
City Columbus				State O H		Zip Code 43215					
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year	
		July		August		September		Termination		2008	
		Monthly		Monthly		Monthly				Semiannual	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M	D	Y			
						0	3	0	4	0	8

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	119,267.30
2. Total monetary contributions (From Form No. 31-A)	\$	1,000.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	120,267.30
5. Total monetary expenditures (From Form No. 31-B)	\$	12,487.80
6. Balance on hand (line 4 minus line 5)	\$	107,779.50
7. Value of in-kind contributions received (From Form No. 31-I-1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-I-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	50,000.00
10. Outstanding debts owed by committee (From Form No. 31-M)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	5,000.00
12. Value of independent expenditures made (From Form No. 31-L)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period		

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Justin Nahvi, Deputy Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

2/21/08

Date

Contribution pages 1

Expenditure pages 2

Other pages 3

Total pages 6

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full EVERYONE FOR ED LEONARD							
Full Name of Contributor PLUMBERS AND PIPEFITTERS LOCAL UNION 189					Registration Number, if PAC 6220		
Street Address 1250 KINNEAR RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43212	M 0 2	D 1 1	Y 0 8	Amount 500.00	
Full Name of Contributor BRICKER & ECKLER LLP STATE PAC					Registration Number, if PAC OH821		
Street Address 100 S THIRD ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0 1	D 3 0	Y 0 8	Amount 500.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full EVERYONE FOR ED LEONARD							
To Whom Paid FRANKLIN COUNTY DEMOCRATIC PARTY				M	D	Y	Amount
				0	2	0	325.00
Address 271 E STATE ST		Purpose SALUTE TO ACHIEVEMENT EVENT					
City COLUMBUS	State O H	Zip Code 43215	Check Number 1287				
To Whom Paid FRANKLIN COUNTY DEMOCRATIC PARTY				M	D	Y	Amount
				0	2	0	1,500.00
Address 271 E STATE ST		Purpose ANNUAL ASSESSMENT					
City COLUMBUS	State O H	Zip Code 43215	Check Number 1288				
To Whom Paid TRIUMPH COMMUNICATIONS				M	D	Y	Amount
				0	2	0	100.00
Address 1480 DUBLIN ROAD		Purpose CHAIR RENTAL					
City COLUMBUS	State O H	Zip Code 43215	Check Number 1289				
To Whom Paid TRIUMPH COMMUNICATIONS				M	D	Y	Amount
				0	2	0	1,600.00
Address 1480 DUBLIN ROAD		Purpose CAMPAIGN CONSULTATION FEE					
City COLUMBUS	State O H	Zip Code 43215	Check Number 1290				
To Whom Paid BLUE UTOPIA				M	D	Y	Amount
				0	2	0	30.00
Address PO BOX 4486		Purpose ONLINE CONTRIBUTION MAINTENANCE FEE					
City SEATTLE	State W A	Zip Code 98194	Check Number EFT				
To Whom Paid CLEAR CHANNEL OUTDOORS				M	D	Y	Amount
				0	2	1	1,000.00
Address 770 HARRISON DRIVE		Purpose PAYMENT FOR BILLBOARD ADVERTISEMENT					
City COLUMBUS	State O H	Zip Code 43204	Check Number 1292				
To Whom Paid BUSINESS FIRST				M	D	Y	Amount
				0	2	2	75.00
Address 14197 COLLECTION CTR DR		Purpose EVENT ADVERTISEMENT FEE					
City CHICAGO	State I L	Zip Code 60693	Check Number 1291				
To Whom Paid UNITED WAY OF CENTRAL OHIO				M	D	Y	Amount
				0	2	2	200.00
Address 360 S THIRD ST		Purpose GEORGE MEANY AWARDS REGISTRATION					
City COLUMBUS	State O H	Zip Code 43215	Check Number 1293				

Page Total \$ 4,830.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full EVERYONE FOR ED LEONARD												
To Whom Paid BLUE UTOPIA						M	D	Y	Amount			
						0	1	0	3	0	8	30.00
Address PO BOX 4486			Purpose ONLINE CONTRIBUTION MAINTENANCE FEE									
City SEATTLE		State W A	Zip Code 98194		Check Number EFT							
To Whom Paid TONY'S ITALIAN RESTAURANT						M	D	Y	Amount			
						0	1	1	4	0	8	489.86
Address 16 W BECK ST			Purpose FOOD AND BEVERAGES FOR FUNDRAISER									
City COLUMBUS		State O H	Zip Code 43215		Check Number 1285							
To Whom Paid TIGEREYE PROMOTIONS						M	D	Y	Amount			
						0	0	1	6	0	8	537.94
Address 1000 PROGRESS ST			Purpose PURCHASE OF CAMPAIGN BUTTONS									
City GREENVILLE		State O H	Zip Code 45331		Check Number 1286							
To Whom Paid TRIUMPH COMMUNICATIONS						M	D	Y	Amount			
						0	2	2	0	0	8	1,600.00
Address 1480 DUBLIN ROAD			Purpose CAMPAIGN CONSULTATION FEE									
City COLUMBUS		State O H	Zip Code 43215		Check Number 1294							
To Whom Paid FRIENDS OF JOHN O'GRADY						M	D	Y	Amount			
						0	2	2	1	0	8	5,000.00
Address 480 S THIRD ST			Purpose LOAN									
City COLUMBUS		State O H	Zip Code 43215		Check Number 1295							
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State	Zip Code		Check Number							
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State	Zip Code		Check Number							

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Everyone for Edward Leonard													
From Whom Received Edward Leonard										Prior Amount 10,000.00		Amt. Incurred this Period 0.00	
Address 3030 Gleska Drive												Outstanding Balance 10,000.00	
City Columbus		State OH	Zip Code 43219		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
0 4 1 9 0 7												0	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
Franklin County Treasurer													
From Whom Received Edward Leonard										Prior Amount 40,000.00		Amt. Incurred this Period 0.00	
Address 3030 Glesk Drive												Outstanding Balance 40,000.00	
City Columbus		State OH	Zip Code 43219		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
0 1 2 5 0 8													
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
Franklin County Treasurer													
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
								0					
Registration Number, if PAC					M	D	Y		M	D	Y		
								0					
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		

* 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 or more 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)

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-2). 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-A).

- 1 Total prior amount \$ 50,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 50,000.00 (To Form No. 30-A)

Statement of Loans Made

Prescribed by Secretary of State 2/01

Full Name of Committee EVERYONE FOR ED LEONARD									
To Whom Made FRIENDS OF JOHN O'GRADY						Prior Amount 0.00		Amt. Loaned this Period 5,000.00	
Address 480 S THIRD STREET								Outstanding Balance 5,000.00	
City COLUMBUS				State OH	Zip Code 43215		Payments Received This Period		
						Date		Amount	
Date Loan was originally Made						M	D	Y	\$
						0	2	2	1
						0	2	1	0
						8			
						M	D	Y	
						M	D	Y	
						M	D	Y	
To Whom Made						Prior Amount		Amt. Loaned this Period	
Address								Outstanding Balance	
City				State	Zip Code		Payments Received This Period		
						Date		Amount	
Date Loan was originally Made						M	D	Y	\$
						M	D	Y	
						M	D	Y	
						M	D	Y	
						M	D	Y	
To Whom Made						Prior Amount		Amt. Loaned this Period	
Address								Outstanding Balance	
City				State	Zip Code		Payments Received This Period		
						Date		Amount	
Date Loan was originally Made						M	D	Y	\$
						M	D	Y	
						M	D	Y	
						M	D	Y	
						M	D	Y	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans made this period to the Statement of Expenditures (Form No. 31-B). Transfer total of all payments received in this period to the Statement of Other Income (Form No. 31-A-2). Transfer Total Outstanding Balance to the cover page.

Total Loans this Period \$ _____ (also record on Form 31-B)

Total Outstanding Balance \$ 5,000.00 (also record on cover page)

Total Payments Received this Period \$ 0.00 (also recorded on Forms 31-A-2)