

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 Vorvys Sater Seymour & Pease LLP Advocate for Effective Public Ad				Registration Number, if PAC OH109	
Street Address 52 East Gay Street, PO Box 1008	Employer/Occupation/Labor Organization*		M 0	D 6	Y 13
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Friends of Nancy Nix				Registration Number, if PAC	
Street Address 5022 Oakview Drive	Employer/Occupation/Labor Organization*		M 0	D 6	Y 13
City Middletown	State OH	Zip Code 45042	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Brian C Barker				Registration Number, if PAC	
Street Address 1698 Berkshire Road	Employer/Occupation/Labor Organization* Self-employed/Real Estate		M 0	D 6	Y 13
City Upper Arlington	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Ed Hogan/New Visions Group LLC				Registration Number, if PAC	
Street Address 33 North Third Street	Employer/Occupation/Labor Organization* New Visions Group/Consu		M 0	D 6	Y 13
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		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)]

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 \$ 1,100.00