

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Everyone for Ed Leonard</b>				
Full Name of Contributor <b>Robert H. Jeffrey</b>			Registration Number, if PAC	
Street Address <b>100 E Broad Street, Suite 1700</b>	Employer/Occupation/Labor Organization* <b>None/Retired</b>		M   D   Y <b>0   9   2   4   1   3</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>J. Anthony Kington</b>			Registration Number, if PAC	
Street Address <b>1786 Millwood Drive</b>	Employer/Occupation/Labor Organization* <b>Taft Stettinius/ Attorney</b>		M   D   Y <b>0   9   2   4   1   3</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>James V. Maniace</b>			Registration Number, if PAC	
Street Address <b>155 W Main St, Apt 605</b>	Employer/Occupation/Labor Organization* <b>Taft Stettinius/ Attorney</b>		M   D   Y <b>0   9   2   4   1   3</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Michael Gonsiorowski</b>			Registration Number, if PAC	
Street Address <b>2666 Brentwood Rd</b>	Employer/Occupation/Labor Organization* <b>PNC/ Red Market Pres</b>		M   D   Y <b>0   9   2   4   1   3</b>	Amount <b>100.00</b>
City <b>Bexley</b>	State <b>O   H</b>	Zip Code <b>43209</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Terry W Payne</b>			Registration Number, if PAC	
Street Address <b>13590 Woodtown Rd</b>	Employer/Occupation/Labor Organization* <b>MAPSYS/VP</b>		M   D   Y <b>0   9   2   4   1   3</b>	Amount <b>100.00</b>
City <b>Galena</b>	State <b>O   H</b>	Zip Code <b>43021</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Joseph C. Mastrangelo</b>			Registration Number, if PAC	
Street Address <b>PO Box 15902</b>	Employer/Occupation/Labor Organization* <b>Franklin County/ Attorney</b>		M   D   Y <b>0   9   2   4   1   3</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Brian C. Barker</b>			Registration Number, if PAC	
Street Address <b>1698 Berkshire Rd</b>	Employer/Occupation/Labor Organization* <b>Snyder Barker/ Partner</b>		M   D   Y <b>0   9   2   4   1   3</b>	Amount <b>150.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>	Form(Cash, Check, etc) <b>Check</b>	

\* 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 \$ 750.00