

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 Patrick M Dukes				Registration Number, if PAC	
Street Address 220 Liberty St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Erik Janas				Registration Number, if PAC	
Street Address 1466 Mews Ct	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor William A Zapp				Registration Number, if PAC	
Street Address 4174 Mavstar Way	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Hilliard	State OH	Zip Code 43026	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Ira B Sully				Registration Number, if PAC	
Street Address 844 S Front St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Mark S Froehlich				Registration Number, if PAC	
Street Address 600 S High St, Ste 201	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor James I Dicaprio				Registration Number, if PAC	
Street Address 916 Neil Ave	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 70.00
Full Name of Contributor John F Gallagher				Registration Number, if PAC	
Street Address 1291 Thornwood Pl	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 75.00

* 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

Total expenditures this event

Page Total \$ 645.00