

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 John C Rosenberger			Registration Number, if PAC	
Street Address 885 S Pearl St	Employer/Occupation/Labor Organization* Central OH Community Im		M D Y 0 4 2 8 1 5	Amount 500.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeff Rich/Rich & Gillis Law Group LLC			Registration Number, if PAC	
Street Address 6400 Riverside Drive, Suite D	Employer/Occupation/Labor Organization* Rich & Gillis/ Partner		M D Y 0 4 2 8 1 5	Amount 250.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Bradlev Frick/Bradlev Frick and Associates			Registration Number, if PAC	
Street Address 1265 Neil Ave	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M D Y 0 4 2 8 1 5	Amount 250.00
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) Check	
Full Name of Contributor PNC PAC			Registration Number, if PAC C00035519	
Street Address 249 Fifth Ave, 21st Floor	Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 1 5	Amount 250.00
City Pittsburgh	State P A	Zip Code 15222	Form(Cash,Check,etc) Check	
Full Name of Contributor Glen Alban			Registration Number, if PAC	
Street Address 7100 N High St	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M D Y 0 4 2 8 1 5	Amount 1,000.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Check	
Full Name of Contributor Reminger Co LPA Ohio PAC			Registration Number, if PAC CP 495	
Street Address 101 Prospect Ave W	Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 1 5	Amount 250.00
City Cleveland	State O H	Zip Code 44115	Form(Cash,Check,etc) Check	
Full Name of Contributor Plumbers & Pipefitters LU 189 PCE			Registration Number, if PAC #6220	
Street Address 1250 Kinnear Rd	Employer/Occupation/Labor Organization*		M D Y 0 4 2 8 1 5	Amount 500.00
City Columbus	State O H	Zip Code 43212	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

26,950.00

Total expenditures this event

3,376.58

Page Total \$ 3,000.00