

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 Michael Gonsiorowski				Registration Number, if PAC	
Street Address 2666 Brentwood Rd	Employer/Occupation/Labor Organization* PNC/Executive		M 0	D 5	Y 15
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Marv Spahia-Carducci				Registration Number, if PAC	
Street Address 5212 Preston Ct	Employer/Occupation/Labor Organization* Mann & Carducci/ Attorne		M 0	D 5	Y 15
City Powell	State OH	Zip Code 43065	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Michael J Johrendt				Registration Number, if PAC	
Street Address 42 Park Dr	Employer/Occupation/Labor Organization* Johrendt & Holford/ Attv		M 0	D 5	Y 15
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Ted Manley/Manlev Deas Kochalski LLC				Registration Number, if PAC	
Street Address PO Box 165028	Employer/Occupation/Labor Organization* Manlev Deas/ Attornev		M 0	D 5	Y 15
City Columbus	State OH	Zip Code 43216	Form(Cash,Check,etc) Check		Amount 500.00
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 0	D 5	Y 15
City Columbus	State OH	Zip Code 43201	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Bricker & Eckler LLP State PAC				Registration Number, if PAC OH 821	
Street Address 100 S Third St	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Michael Morrison/Government Advantage Group				Registration Number, if PAC	
Street Address 100 E Gav St, Ste 701	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00

* 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 \$ 1,350.00