

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 Bruce F Massa			Registration Number, if PAC	
Street Address 2261 Sandover Rd	Employer/Occupation/Labor Organization* Continental Reality/VP		M D Y 0 6 1 1 5	Amount 100.00
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Jerome E Friedman			Registration Number, if PAC	
Street Address 332 Cliffside Dr	Employer/Occupation/Labor Organization* None/Retired		M D Y 0 6 1 1 5	Amount 100.00
City Columbus	State O H	Zip Code 43202	Form(Cash,Check,etc) Check	
Full Name of Contributor Patrick T King			Registration Number, if PAC	
Street Address 46 E Frankfort St	Employer/Occupation/Labor Organization* Stifel Nicolaus/Public Fina		M D Y 0 6 1 1 5	Amount 250.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Bruce W Dooley			Registration Number, if PAC	
Street Address 252 W 5th Ave	Employer/Occupation/Labor Organization* Dooley & Co/Realtor		M D Y 0 6 1 1 5	Amount 250.00
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) Check	
Full Name of Contributor John W Rover			Registration Number, if PAC	
Street Address 1480 Dublin Rd	Employer/Occupation/Labor Organization* KRG Inc/President		M D Y 0 6 1 1 5	Amount 150.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Jennifer L Sargus			Registration Number, if PAC	
Street Address 4804 Galway Dr	Employer/Occupation/Labor Organization* None/Retired		M D Y 0 6 1 1 5	Amount 100.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Darrell A Gammell			Registration Number, if PAC	
Street Address 303 Siebert St	Employer/Occupation/Labor Organization* United Assoc of Plumbers/		M D Y 0 6 1 1 5	Amount 150.00
City Columbus	State O H	Zip Code 43206	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

Total expenditures this event

Page Total \$ 1,100.00