

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 Mark Corna/Columbus Realty Investment LTC				Registration Number, if PAC	
Street Address 250 Civic Center Dr, Ste 500		Employer/Occupation/Labor Organization*		M D Y 0 2 1 7 1 6	Amount 500.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Michael L Silberstein				Registration Number, if PAC	
Street Address 1093 Fountain Ln, Apt D		Employer/Occupation/Labor Organization*		M D Y 0 2 1 7 1 6	Amount 100.00
City Columbus	State OH	Zip Code 43213		Form(Cash,Check,etc) Check	
Full Name of Contributor Pennv Tipps/Public Policy Strategies LLC				Registration Number, if PAC	
Street Address 137 E State St		Employer/Occupation/Labor Organization*		M D Y 0 2 1 7 1 6	Amount 250.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor John Parmis				Registration Number, if PAC	
Street Address 6186 Kinver Edge Way		Employer/Occupation/Labor Organization*		M D Y 0 2 1 7 1 6	Amount 100.00
City Columbus	State OH	Zip Code 43213		Form(Cash,Check,etc) Check	
Full Name of Contributor Bricker & Eckler LLP State PAC				Registration Number, if PAC OH821	
Street Address 100 S Third St		Employer/Occupation/Labor Organization*		M D Y 0 2 1 7 1 6	Amount 500.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Sue A Wolfe				Registration Number, if PAC	
Street Address 1370 S 5th St		Employer/Occupation/Labor Organization*		M D Y 0 2 1 7 1 6	Amount 100.00
City Columbus	State OH	Zip Code 43207		Form(Cash,Check,etc) Check	
Full Name of Contributor Jesse M Hemphill				Registration Number, if PAC	
Street Address 4724 Carriage Dr		Employer/Occupation/Labor Organization*		M D Y 0 2 1 7 1 6	Amount 100.00
City Mason	State OH	Zip Code 45040		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

4,900.00

Total expenditures this event

247.82

Page Total \$ 1,650.00