31-A-2
R.C. 3517.10(B)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: Everyone for Ed Leonard

Full Name	Address	Type*	City	State	Zip Code	Registration Number, if PAC	M	D	Y	Amount	Form(Cash,Check,etc)
Connie Massaro (Uncashed Check Refund)	750 Old Wagon Lane NE	U C	Warrant	OH	43215		09	19	11	25.00	Check

Page Total $ 25.00