

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 James V Maniace			Registration Number, if PAC		
Street Address 155 W Main St, Apt 605	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Michael Kellev			Registration Number, if PAC		
Street Address 250 E Broad St, Ste 1100	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor J Anthony Kington			Registration Number, if PAC		
Street Address 1786 Millwood Dr	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Kyle Katz			Registration Number, if PAC		
Street Address 336 S Columbia Ave	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Leonard W Barbe			Registration Number, if PAC		
Street Address 6903 Linbrook Blvd	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16
City Columbus	State OH	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Kathleen Harkin			Registration Number, if PAC		
Street Address 123 E Whittier St	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor David J Butler			Registration Number, if PAC		
Street Address 405 Ashmoore Ct	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16
City Powell	State OH	Zip Code 43065	Form(Cash,Check,etc) Check		Amount 50.00

* 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 \$ 800.00