

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 Kelli L Hatfield				Registration Number, if PAC			
Street Address 4519 Kennv Road		Employer/Occupation/Labor Organization* Self-employed/ Realtor		M 0	D 6	Y 11	Amount 500.00
City Columbus	State O	Zip Code 43220	Form(Cash,Check,etc) Check				
Full Name of Contributor Mary S Duffey				Registration Number, if PAC			
Street Address 4740 Hayden Run Road		Employer/Occupation/Labor Organization* Pech Shaffer/ Attorney		M 0	D 6	Y 11	Amount 200.00
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check				
Full Name of Contributor Harold D Keller				Registration Number, if PAC			
Street Address 543 Greenglade Ave		Employer/Occupation/Labor Organization* OH Capital Corp/Exec Dir		M 0	D 6	Y 11	Amount 500.00
City Worthington	State O	Zip Code 43085	Form(Cash,Check,etc) Check				
Full Name of Contributor Gregory N Finnerty				Registration Number, if PAC			
Street Address 6013 Round Tower Lane		Employer/Occupation/Labor Organization* Self-employed/ Attorney		M 0	D 6	Y 11	Amount 200.00
City Dublin	State O	Zip Code 43017	Form(Cash,Check,etc) Check				
Full Name of Contributor Jack D'Aurora				Registration Number, if PAC			
Street Address 501 South High Strfeet		Employer/Occupation/Labor Organization* Behal Law Group/ Attorney		M 0	D 6	Y 11	Amount 75.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check				
Full Name of Contributor Emmett M Kelly				Registration Number, if PAC			
Street Address 1977 Wyandotte Road		Employer/Occupation/Labor Organization* Frost Brown/ Attorney		M 0	D 6	Y 11	Amount 250.00
City Columbus	State O	Zip Code 43212	Form(Cash,Check,etc) Check				
Full Name of Contributor Curtiss L Williams				Registration Number, if PAC			
Street Address 6193 Billington Drive		Employer/Occupation/Labor Organization* COCIC/ Asst Director		M 0	D 6	Y 11	Amount 150.00
City Columbus	State O	Zip Code 43213	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 \$ 1,875.00