

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 David Kopech/Kopech & O'Grady LLC			Registration Number, if PAC	
Street Address 471 E Broad St, Ste 2001	Employer/Occupation/Labor Organization* Kopech & O'Grady/ Atty		M D Y 0 6 0 2 1 5	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Hakim Ben Adjoua			Registration Number, if PAC	
Street Address 670 Frances Ct	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M D Y 0 6 0 2 1 5	Amount 150.00
City Gahanna	State O H	Zip Code 43230	Form(Cash,Check,etc) Check	
Full Name of Contributor Mark S Froehlich			Registration Number, if PAC	
Street Address 600 S High St, Ste 201	Employer/Occupation/Labor Organization* Avoubi & Froehlich/ Atty		M D Y 0 6 0 2 1 5	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Adam S Friedman			Registration Number, if PAC	
Street Address 1292 S 4th St	Employer/Occupation/Labor Organization* Columbus City Atty/ Atty		M D Y 0 6 0 2 1 5	Amount 50.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor P Ronald Sabatino			Registration Number, if PAC	
Street Address 3895 Stoneridge Ln	Employer/Occupation/Labor Organization* T&R Properties/President		M D Y 0 6 0 2 1 5	Amount 250.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Steven A Williams			Registration Number, if PAC	
Street Address 13527 Daysprings Way	Employer/Occupation/Labor Organization* Time Warner/Internet Serv		M D Y 0 6 0 2 1 5	Amount 100.00
City Pickerington	State O H	Zip Code 43147	Form(Cash,Check,etc) Check	
Full Name of Contributor Gregory N Finnerty			Registration Number, if PAC	
Street Address 6013 Round Tower Ln	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M D Y 0 6 0 2 1 5	Amount 250.00
City Dublin	State O H	Zip Code 43017	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 \$ 1,150.00