

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 Ted Manley/Manley Deas Kochalski LLC			Registration Number, if PAC	
Street Address PO Box 165028	Employer/Occupation/Labor Organization* Manley Deas/Attorney		M 0	D 6
City Columbus	State O	Zip Code H 43215	Y 1	Amount 500.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Janet L Walker			Registration Number, if PAC	
Street Address 5743 Grackle Lane	Employer/Occupation/Labor Organization* Self-employed/ Realtor		M 0	D 6
City Westerville	State O	Zip Code H 43081	Y 1	Amount 50.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Terry W Payne			Registration Number, if PAC	
Street Address 13590 Woodtown Road	Employer/Occupation/Labor Organization* MAPSYS/VP		M 0	D 6
City Galena	State O	Zip Code H 43021	Y 1	Amount 100.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Jeffrey D. Mackey			Registration Number, if PAC	
Street Address 1538 Melrose Ave	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M 0	D 6
City Columbus	State O	Zip Code H 43224	Y 1	Amount 100.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Robert E Lanthorn			Registration Number, if PAC	
Street Address 2548 Edencreek Lane	Employer/Occupation/Labor Organization* Hamilton Schools/Teacher		M 0	D 6
City Columbus	State O	Zip Code H 43207	Y 1	Amount 100.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Bradley Frick/Bradley Frick and Associates			Registration Number, if PAC	
Street Address 1265 Neil Avenue	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M 0	D 6
City Columbus	State O	Zip Code H 43201	Y 1	Amount 100.00
Form(Cash,Check,etc) Check				
Full Name of Contributor James S Stevenson			Registration Number, if PAC	
Street Address 7107 Asheville Park Dr	Employer/Occupation/Labor Organization* Northwest Title/President		M 0	D 6
City Columbus	State O	Zip Code H 43235	Y 1	Amount 250.00
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 \$ 1,200.00