

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 Mark Kitrick/Kitrick Lewis & Harris Co LPA				Registration Number, if PAC	
Street Address 445 Hutchinson Ave, Ste 100	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Columbus	State OH	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor David Petroni/DFP Enterprises LLC				Registration Number, if PAC	
Street Address 25 Drew Ct	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Springboro	State OH	Zip Code 45066	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Michael S Schiff				Registration Number, if PAC	
Street Address 233 Preston Rd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Barbara K Brandt				Registration Number, if PAC	
Street Address 2333 Brentwood Rd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Michael Johrendt/Johrendt & Holford Attorneys At Law				Registration Number, if PAC	
Street Address 250 E Broad St, Ste 200	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Columbus Sheet Metal Workers Committee on Political Education				Registration Number, if PAC OH1053	
Street Address 3035 Lamb Ave	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Columbus	State OH	Zip Code 43219	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Michael Gonsiorowski				Registration Number, if PAC	
Street Address 2666 Brentwood Rd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 16
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00

* 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 \$ 2,075.00