

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 Nirmal K Sinha				Registration Number, if PAC	
Street Address 6470 Meadowbrook Cir	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16
City Worthington	State OH	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Jed W Morison				Registration Number, if PAC	
Street Address 2572 Brentwood Rd	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Barry H Fromm				Registration Number, if PAC	
Street Address 919 Old Henderson Rd	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Taft Stettinius & Hollister Better Government Fund				Registration Number, if PAC OH1146	
Street Address 425 Walnut St, Ste 1800	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16
City Cincinnati	State OH	Zip Code 45202	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Douglas J Godard				Registration Number, if PAC	
Street Address 1817 Lake Shore Drive	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16
City Columbus	State OH	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor James David Herlihy				Registration Number, if PAC	
Street Address 1899 W 3rd Ave	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Ernest L Sullivan/Sullivan Staffing Strategies				Registration Number, if PAC	
Street Address 2258 Delavan Dr	Employer/Occupation/Labor Organization*		M 0	D 2	Y 16
City Columbus	State OH	Zip Code 43219	Form(Cash,Check,etc) Check		Amount 250.00

* 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 \$ 1,600.00