Event Date	2/17/16
Page	9

## Statement of Contributions Received at a Social or Fundraising Event

Name of Countbuor   Nirmal K Sinha   Storet Aldress   Employer/Occupation/Labor Organization*   M		Prescribed by Sec	cretary of State 3/05			
Full Name of Coembuor   State   Zip Code   State	Name of Committee in Full					
Nirmal K Sinha	Evervone for Ed Leonard					
Size   Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount	Full Name of Contributor			Registration Number, if PAC		
Size   Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount	Nirmal K Sinha					
State		Employer/Occup	ation/Labor Organization*	M D Y Amount		
State	6470 Meadowbrook Cir			012 117 116	100.00	
Full Name of Contributor   Inches   I		State	Zip Code			
Full Name of Contributor   Inches   I	Worthington	$\cap$	43085	Check		
Street Address		1 1/				
Street Address	Ted W Morison					
State   Columbus   Columbus   Check		Employer/Occup	ation/Labor Organization*	M D Y Amount		
State   Columbus   Columbus   Check	2572 Brentwood Rd			012 117 116	100.00	
Columbus		State	Zip Code			
Full Name of Contributor   Barry H Fromm   Employer/Occupation/Labor Organization*   M	1 -	ОТН		Check		
Street Address		, ()	10207	<u> </u>		
Street Address	Barry H Fromm					
State   Zip Code   Check   C		Employer/Occup	ation/Labor Organization*	M D Y Amount		
Columbus	919 Old Henderson Rd	1 ' '	•	012 1 7 1 1 6	250.00	
Columbus		State	Zip Code			
Registration Number, if PAC	· ·	1 1 7 7	1 '			
Taft Stettinius & Hollister Better Government Fund		1 () ! . * *	10220			
Street Address   Employer/Occupation/Labor Organization*		nment Fur	nd	•		
425 Walnut St, Ste 1800					-	
State   Zip Code   Form(Cash,Check,etc)   Check		Campio, ciro confamilio Danos Organization			500.00	
Cincinnati		State	Zin Code	0 1 2 1 2 1 2 1 2 1	300.00	
Full Name of Contributor  Douglas   Godard  Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount    1817 Lake Shore Drive   State   Zip Code   Form(Cash, Check, etc)    Columbus   Check   Check    Full Name of Contributor   Imployer/Occupation/Labor Organization*   Imployer/Occupation/Labor Organiz	1 1	1 .	1 1	, , , , , , , , , , , , , , , , , , , ,		
Douglas   Godard   Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount   0   2   1   7   1   6   250.00		1 () 1 11	45202			
Street Address						
1817 Lake Shore Drive		Employer/Occur	ation/Labor Organization*	M D Y Amount		
City Columbus Full Name of Contributor James David Herlihy Street Address 1899 W 3rd Ave City Columbus Full Name of Contributor Street Address Columbus City Columbus Full Name of Contributor Employer/Occupation/Labor Organization* State Columbus Columbus Full Name of Contributor Errnest L Sullivan/Sullivan Staffing Strategies Street Address 2258 Delavan Dr City State Zip Code Form(Cash, Check, etc) Check Registration Number, if PAC Form(Cash, Check, etc) Check Registration Number, if PAC Form(Cash, Check, etc) Check Registration Number, if PAC Form(Cash, Check, etc) Form(Cash, Check, etc) City State Zip Code Form(Cash, Check, etc) Form(Cash, Check, etc) Form(Cash, Check, etc) Form(Cash, Check, etc)		1		012 117 116	250.00	
Columbus  Full Name of Contributor  James David Herlihy  Street Address  1899 W 3rd Ave  City  Columbus  Full Name of Contributor  Columbus  Full Name of Contributor  Employer/Occupation/Labor Organization*  State  City  Columbus  Full Name of Contributor  Ernest L Sullivan/Sullivan Staffing Strategies  Street Address  2ip Code  Form(Cash, Check, etc)  Check  Registration Number, if PAC  Registration Number, if PAC  State  Tip Code  State  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount O 2 1 7 1 6  250.00  City  State  Zip Code  Form(Cash, Check, etc)  Form(Cash, Check, etc)  Form(Cash, Check, etc)		State	Zin Code			
Full Name of Contributor  James David Herlihy  Street Address  1899 W 3rd Ave  Employer/Occupation/Labor Organization*  State  Zip Code  Columbus  Full Name of Contributor  Employer/Occupation/Labor Organization*  O 1 2 1 7 1 6  150.00  City  Columbus  Full Name of Contributor  Ernest L Sullivan/Sullivan Staffing Strategies  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  O 2 1 7 1 6  Amount  O 2 1 7 1 6  State  Form(Cash, Check, etc)  Check  Registration Number, if PAC	1	1	1 -			
Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount		1 () , 11	10201			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Am Plante of Conditional					
1899 W 3rd Ave		Employer/Occur	ation/Labor Organization*	M D Y Amount		
City Columbus Form(Cash,Check,etc)  Columbus Check  Full Name of Contributor  Ernest L Sullivan/Sullivan Staffing Strategies  Street Address 2258 Delavan Dr  City State Zip Code Form(Cash,Check,etc)  Check  Registration Number, if PAC  M D Y Amount  0   2   1   7   1   6   250.00				012 117 116	150.00	
Columbus         O H         43212         Check           Full Name of Contributor         Ernest L Sullivan/Sullivan Staffing Strategies           Street Address         Employer/Occupation/Labor Organization*         M         D         Y         Amount           2258 Delavan Dr         State         Zip Code         Form(Cash, Check, etc)         250.00		State	Zin Code		100100	
Full Name of Contributor  Ernest L Sullivan/Sullivan Staffing Strategies  Street Address  2258 Delavan Dr  City  Registration Number, if PAC  M D Y Amount 0 2 1 7 1 6 250.00			1 '			
Ernest L Sullivan/Sullivan Staffing Strategies  Street Address  2258 Delavan Dr  City  State  State  Strategies  Employer/Occupation/Labor Organization*  M D Y Amount 0   2   1   7   1   6   250.00		():11	TUZ1Z			
Street Address		,				
2258 Delavan Dr         0   2   1   7   1   6         250.00           City         State         Zip Code         Form(Cash, Check, etc)			M D Y Amount	-		
City State Zip Code Form(Cash, Check, etc)		Linployer/Occup	MILON LAUGE OF EATHERSHOP	1 1 - 1	250.00	
		State	Zin Code			
		1	•			
Columbus	Columbus	<u> </u>	1	CHECK		

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
1		

<sup>\*</sup> 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)]