

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 Jeffrey T Ferriell			Registration Number, if PAC	
Street Address 774 S 6th St	Employer/Occupation/Labor Organization*		M D Y 0 3 1 0 1 6	Amount 200.00
City Columbus	State O H	Zip Code 43206	Form (Cash, Check, etc) Check	
Full Name of Contributor Kevin Futryk/Government Advantage Group LLP			Registration Number, if PAC	
Street Address 100 E Gav St, Ste 701	Employer/Occupation/Labor Organization*		M D Y 0 3 1 0 1 6	Amount 100.00
City Columbus	State O H	Zip Code 43215	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*		M D Y 0 3 1 0 1 6	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check	
Full Name of Contributor Bradley Frick/Bradley Frick and Associates			Registration Number, if PAC	
Street Address 1265 Neil Ave	Employer/Occupation/Labor Organization*		M D Y 0 3 1 0 1 6	Amount 100.00
City Columbus	State O H	Zip Code 43201	Form (Cash, Check, etc) Check	
Full Name of Contributor Columbus Franklin County, AFL-CIO PCE			Registration Number, if PAC PCE	
Street Address 1545 Alum Creek Drive, 2nd Fl	Employer/Occupation/Labor Organization*		M D Y 0 3 1 0 1 6	Amount 250.00
City Columbus	State O H	Zip Code 43209	Form (Cash, Check, etc) Check	
Full Name of Contributor Michael F Curtin			Registration Number, if PAC	
Street Address 1370 Cambridge Blvd	Employer/Occupation/Labor Organization*		M D Y 0 3 1 0 1 6	Amount 100.00
City Columbus	State O H	Zip Code 43212	Form (Cash, Check, etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)	

* 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 \$ 800.00