

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 The Huntington Bancshares Incorporated PAC			Registration Number, if PAC C00165589	
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M D Y 016 012 115	Amount 2,500.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor David Petroni/DFP Enterprises LLC			Registration Number, if PAC	
Street Address 25 Drew Ct	Employer/Occupation/Labor Organization* DFP Enterprises/President		M D Y 016 012 115	Amount 500.00
City Springboro	State OH	Zip Code 45066	Form(Cash,Check,etc) Check	
Full Name of Contributor Friends of Hearcel F Craig			Registration Number, if PAC	
Street Address 545 E Town St	Employer/Occupation/Labor Organization*		M D Y 016 012 115	Amount 250.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Brett Kaufman/Kaufman Communities LLC			Registration Number, if PAC	
Street Address 30 Warren St	Employer/Occupation/Labor Organization* Kaufman Communities/CE		M D Y 016 012 115	Amount 250.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Tom Demko			Registration Number, if PAC	
Street Address PO Box 82183	Employer/Occupation/Labor Organization* Tom Demko Services/Princ		M D Y 016 012 115	Amount 50.00
City Columbus	State OH	Zip Code 43202	Form(Cash,Check,etc) Check	
Full Name of Contributor Don L Brown			Registration Number, if PAC	
Street Address 3921 Lvtham Ct	Employer/Occupation/Labor Organization* Fr Co Convention Facilities		M D Y 016 012 115	Amount 150.00
City Upper Arlington	State OH	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Nancy Howard			Registration Number, if PAC	
Street Address 4010 Hidden Hill Ct	Employer/Occupation/Labor Organization* Brisk Heat Corp/HR Mana		M D Y 016 012 115	Amount 100.00
City Powell	State OH	Zip Code 43065	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 \$ 3,800.00