

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Everyone for Ed Leonard</b>				
Full Name of Contributor <b>Michael F Curtin</b>			Registration Number, if PAC	
Street Address <b>1370 Cambridge Blvd</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   1   2   1   6   1   1   6</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Lawrence Canini/Canini &amp; Associates Ltd</b>			Registration Number, if PAC	
Street Address <b>PO Box 887</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   1   2   1   6   1   1   6</b>	Amount <b>150.00</b>
City <b>New Albany</b>	State <b>O   H</b>	Zip Code <b>43054</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Brett Kaufman/Kaufman Communities LLC</b>			Registration Number, if PAC	
Street Address <b>30 Warren St</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   1   2   1   6   1   1   6</b>	Amount <b>500.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>John C Rosenberger</b>			Registration Number, if PAC	
Street Address <b>885 S Pearl St</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   1   2   1   6   1   1   6</b>	Amount <b>500.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Marianne Collins</b>			Registration Number, if PAC	
Street Address <b>423 Hickory Ln</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   1   2   1   6   1   1   6</b>	Amount <b>500.00</b>
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43081</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Lucille A Woods</b>			Registration Number, if PAC	
Street Address <b>7039 Sprucewood Ave NW</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   1   2   1   6   1   1   6</b>	Amount <b>300.00</b>
City <b>North Canton</b>	State <b>O   H</b>	Zip Code <b>44720</b>	Form(Cash,Check,etc) <b>Check</b>	
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 \$ 2,050.00