

Event Date	5/20/15
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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 Cloppert Latanick Sauter & Washburn			Registration Number, if PAC	
Street Address 225 E Broad St	Employer/Occupation/Labor Organization*		M D Y 016 012 115	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Kelli L Hatfield			Registration Number, if PAC	
Street Address 4519 Kennv Rd	Employer/Occupation/Labor Organization*		M D Y 016 012 115	Amount 500.00
City Columbus	State O H	Zip Code 43220	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 016 012 115	Amount 100.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check	
Full Name of Contributor James J Chester			Registration Number, if PAC	
Street Address 65 E State St, #1000	Employer/Occupation/Labor Organization*		M D Y 016 012 115	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor James V Maniace			Registration Number, if PAC	
Street Address 155 W Main St, Apt 605	Employer/Occupation/Labor Organization*		M D Y 016 012 115	Amount 150.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Joseph C Pickens			Registration Number, if PAC	
Street Address 1404 S 5th St	Employer/Occupation/Labor Organization*		M D Y 016 012 115	Amount 50.00
City Columbus	State O H	Zip Code 43207	Form(Cash,Check,etc) Check	
Full Name of Contributor Roderick H Wilcox			Registration Number, if PAC	
Street Address 65 E State St	Employer/Occupation/Labor Organization*		M D Y 016 012 115	Amount 100.00
City Columbus	State O H	Zip Code 43215	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 \$ 1,200.00