

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

Prescribed by Secretary of State 3/05

|                                                                                    |                                         |                          |                                                 |                           |
|------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|-------------------------------------------------|---------------------------|
| Name of Committee in Full<br><b>Everyone for Ed Leonard</b>                        |                                         |                          |                                                 |                           |
| Full Name of Contributor<br><b>The Huntington Bancshares Incorporated PAC</b>      |                                         |                          | Registration Number, if PAC<br><b>C00165589</b> |                           |
| Street Address<br><b>41 S High St</b>                                              | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   1   2   6   1   6</b>       | Amount<br><b>3,500.00</b> |
| City<br><b>Columbus</b>                                                            | State<br><b>O   H</b>                   | Zip Code<br><b>43215</b> | Form(Cash,Check,etc)<br><b>Check</b>            |                           |
| Full Name of Contributor<br><b>IBEW 683 PCE</b>                                    |                                         |                          | Registration Number, if PAC<br><b>PCE</b>       |                           |
| Street Address<br><b>23 W 2nd Ave</b>                                              | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   1   2   6   1   6</b>       | Amount<br><b>2,500.00</b> |
| City<br><b>Columbus</b>                                                            | State<br><b>O   H</b>                   | Zip Code<br><b>43201</b> | Form(Cash,Check,etc)<br><b>Check</b>            |                           |
| Full Name of Contributor<br><b>James O Heiberger</b>                               |                                         |                          | Registration Number, if PAC                     |                           |
| Street Address<br><b>4595 Shires Ct</b>                                            | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   1   2   6   1   6</b>       | Amount<br><b>1,700.00</b> |
| City<br><b>Columbus</b>                                                            | State<br><b>O   H</b>                   | Zip Code<br><b>43220</b> | Form(Cash,Check,etc)<br><b>Check</b>            |                           |
| Full Name of Contributor<br><b>Harold D Keller</b>                                 |                                         |                          | Registration Number, if PAC                     |                           |
| Street Address<br><b>543 Greenglade Ave</b>                                        | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   1   2   6   1   6</b>       | Amount<br><b>500.00</b>   |
| City<br><b>Worthington</b>                                                         | State<br><b>O   H</b>                   | Zip Code<br><b>43085</b> | Form(Cash,Check,etc)<br><b>Check</b>            |                           |
| Full Name of Contributor<br><b>Ronald J Hagan</b>                                  |                                         |                          | Registration Number, if PAC                     |                           |
| Street Address<br><b>693 City Park Ave</b>                                         | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   1   2   6   1   6</b>       | Amount<br><b>100.00</b>   |
| City<br><b>Columbus</b>                                                            | State<br><b>O   H</b>                   | Zip Code<br><b>43206</b> | Form(Cash,Check,etc)<br><b>Check</b>            |                           |
| Full Name of Contributor<br><b>Glenn F Alban/Alban &amp; Alban LLP</b>             |                                         |                          | Registration Number, if PAC                     |                           |
| Street Address<br><b>7100 N High St</b>                                            | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   1   2   6   1   6</b>       | Amount<br><b>500.00</b>   |
| City<br><b>Worthington</b>                                                         | State<br><b>O   H</b>                   | Zip Code<br><b>43085</b> | Form(Cash,Check,etc)<br><b>Check</b>            |                           |
| Full Name of Contributor<br><b>Robert Rishel/Rinehart Rishel &amp; Cuckler Ltd</b> |                                         |                          | Registration Number, if PAC                     |                           |
| Street Address<br><b>300 E Broad St, Ste 450</b>                                   | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   1   2   6   1   6</b>       | Amount<br><b>150.00</b>   |
| City<br><b>Columbus</b>                                                            | State<br><b>O   H</b>                   | Zip Code<br><b>43215</b> | Form(Cash,Check,etc)<br><b>Check</b>            |                           |

\* 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 \$ 8,950.00