

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 Michael Palumbo/Gingo Palumbo Law Group LLC				Registration Number, if PAC	
Street Address 6100 Oak Tree Blvd, Ste 200	Employer/Occupation/Labor Organization* Self-employed/Attorney		M 0	D 4	Y 15
City Independence	State OH	Zip Code 44131	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Laurence G Ruben				Registration Number, if PAC	
Street Address 140 S Columbia Ave	Employer/Occupation/Labor Organization* Plaza Properties/CEO		M 0	D 5	Y 15
City Bexlev	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Thomas A Smith				Registration Number, if PAC	
Street Address 7688 Adcock Rd	Employer/Occupation/Labor Organization* OH Council of Churches		M 0	D 5	Y 15
City Westerville	State OH	Zip Code 43082	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor United Steel Workers District 1 PCE				Registration Number, if PAC	
Street Address 777 Dearborn Park Ln, Ste I	Employer/Occupation/Labor Organization*		M 0	D 5	Y 15
City Columbus	State OH	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Joyce Garver Keller				Registration Number, if PAC	
Street Address 2607 Sherwood Rd	Employer/Occupation/Labor Organization* OH Jewish Com/Exec Dir		M 0	D 5	Y 15
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Bob Behal/The Behal Law Group LLC				Registration Number, if PAC	
Street Address 501 S High St	Employer/Occupation/Labor Organization* Self-employed/Attorney		M 0	D 5	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor SSC PAC State of Ohio				Registration Number, if PAC	
Street Address 4300 E 5th Ave	Employer/Occupation/Labor Organization*		M 0	D 5	Y 15
City Columbus	State OH	Zip Code 43219	Form(Cash,Check,etc) Check		Amount 500.00

* 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 \$ 2,850.00