

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 Steven D Gladman				Registration Number, if PAC	
Street Address 110 N 17th St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Columbus	State O	Zip Code 43203	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor CPM Law PAC				Registration Number, if PAC OH1505	
Street Address 366 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor K Wallace Neidenthal/Luper Neidenthal & Logan LPA				Registration Number, if PAC	
Street Address 1200 Le Veque Tower	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor SSC PAC State of Ohio				Registration Number, if PAC CP878	
Street Address 4300 E 5th Ave	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Columbus	State O	Zip Code 43219	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Bricker & Eckler LLP State PAC				Registration Number, if PAC OH821	
Street Address 100 S Third St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Robert Behal/The Behal Law Group LLC				Registration Number, if PAC	
Street Address 501 S High St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor James O Heiberger				Registration Number, if PAC	
Street Address 4595 Shires Ct	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Columbus	State O	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 250.00

* 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 \$ 1,575.00