

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 Taft, Stettinius & Hollister Better Government Fund				Registration Number, if PAC OH1146	
Street Address 425 Walnut Street, Suite 1800	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Cincinnati	State O	Zip Code 45202	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor John C Rush Sr				Registration Number, if PAC	
Street Address 2439 W Lexington Street	Employer/Occupation/Labor Organization* Clean Turn/Exec Director		M 0	D 7	Y 2
City Chicago	State I	Zip Code 60612	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Columbus Firefighters Union L-67 PAC Fund				Registration Number, if PAC LA 839	
Street Address 1380 Dublin Road, Ste 103	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Susan Lynn Snyder				Registration Number, if PAC	
Street Address 3765 Little Darby Road	Employer/Occupation/Labor Organization* Hina Environmental/Pres		M 0	D 7	Y 2
City London	State O	Zip Code 43140	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Matthew Q. McClellan				Registration Number, if PAC	
Street Address 1673 Essex Road	Employer/Occupation/Labor Organization* Miles McClellan/Exec		M 0	D 7	Y 2
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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 \$ 2,500.00