

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 FOP Political Education Fund				Registration Number, if PAC	
Street Address 6800 Schrock Hill Ct	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Columbus	State OH	Zip Code 43229	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Amy Debra Klaben				Registration Number, if PAC	
Street Address 238 N Cassady Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Bexley	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Harold D Keller				Registration Number, if PAC	
Street Address 543 Greenglade Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Worthington	State OH	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Matthew Q McClellan				Registration Number, if PAC	
Street Address 1673 Essex Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor James W Smith				Registration Number, if PAC	
Street Address 5833 Heritage Lakes Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Hilliard	State OH	Zip Code 43026	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Patton Boggs PAC				Registration Number, if PAC	
Street Address 2550 M Street NW	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Washington	State DC	Zip Code 20037	Form(Cash,Check,etc) Check		Amount 1,000.00
Full Name of Contributor Rob Rishel/Rinehart Rishel & Cuckler Ltd				Registration Number, if PAC	
Street Address 300 E Broad St, Ste 450	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Columbus	State OH	Zip Code 43215	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 \$ 3,100.00