31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Everyone for Ed Leonard								
Full Name of Contributor							**Registration Number, if PAC**	
Carole J Olshavsky								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
5747 Strathmore Ln							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Dublin	OH	43017	02	17	16		100.00	
Full Name of Contributor							**Registration Number, if PAC**	
John J Kulewicz								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
2104 Yorkshire Rd							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Upper Arlington	OH	43221	02	17	16		250.00	
Full Name of Contributor							**Registration Number, if PAC**	
Columbus Apartment Association PAC							OH146	
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1225 Dublin Rd							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	OH	43215	02	17	16		35.00	
Full Name of Contributor							**Registration Number, if PAC**	
William D Faith								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
340 Clinton Heights Ave							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	OH	43202	02	17	16		100.00	
Full Name of Contributor							**Registration Number, if PAC**	
Friends of Shannon Hardin								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
545 E Town St							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	OH	43215	02	17	16		250.00	
Full Name of Contributor							**Registration Number, if PAC**	
Michael Palumbo/Gingo Palumno Law Group LLC								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
6100 Oak Tree Blvd, Ste 200							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Independence	OH	44131	02	17	16		75.00	
Full Name of Contributor							**Registration Number, if PAC**	
Vorys Sater Seymour and Pease LLP Advocate for Public Admin							OH109	
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
52 E Gay St, PO Box 1008							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	OH	43215	02	17	16		500.00	
Full Name of Contributor							**Registration Number, if PAC**	
Citizens for Lori Tyack								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
545 E Town St							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	OH	43215	02	17	16		150.00	

* 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)]

Page Total $ 1,460.00