Event Date	6/17/13				
Page	4				

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	ecretary of State 3/05						
Name of Committee in Full								
Evervone for Ed Leonard								
Full Name of Contributor				Registration Number, if PAC				
Columbus Apartment Association Poli	litical Action Committee			46	_			
Street Address	Employer/Occupation/Labor Organization*			D	Y	Amouni		
1225 Dublin Road				2 0	1 3	1	100.00	
City	State	Zip Code		ash,Checl				
Columbus	<u> </u>	43215		Chec!	k			
Full Name of Contributor			Registration Number, if PAC					
Schottenstein Stores Corp PAC State of	of Ohio			CP878				
Street Address	Employer/Occupation/Labor Organization*			M D Y Amount				
4300 East 5th Ave		0 5	2 0	1 3		360.00		
City	State	Zip Code	Form(C	ash,Checi	(,etc)			
Columbus	OIH	43219		Checl	k			
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
CBAO FedPAC			C00302232					
Street Address	Employer/Occupation/Labor Organization*			D	Y	Amount		
8800 Lyra Drive, Suite 570			015	210	113		500.00	
City	State	Zip Code	Form(Ca	sh,Check	(etc)			
Columbus	OIH	43240	1	Checl	k			
Full Name of Contributor		•		tion Num		.C		
Harry J. Lehman			l					
Street Address	Employer/Occup	nation/Labor Organization*	М	D	Y	Amount		
5 Pickett Place	None/Retired			015	1 3		100.00	
City	State	Zip Code		ish,Check				
New Albany	ОГН	43054		Checl	k			
Full Name of Contributor Registration Number, if PAC								
Robert P Milich								
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
832 Bears Den Road	City of	City of Youngstown/Judge		015	113		100.00	
City	State	Zip Code		sh,Check				
Youngstown	ГоТн	44511		Checl	k			
Full Name of Contributor			Registration Number, if PAC					
Stephen P. Grassbaugh								
Street Address	Employer/Occup	oation/Labor Organization*	М	D	Y	Amount	-	
308 Jackson Street	Benesch/Attornev		016	015	113		100.00	
City City	State	Zip Code		sh,Check				
Columbus	OTH	43206		Checl				
Full Name of Contributor	1 (7	10200	 	tion Num		.C		
Dennis J. Zack			1					
Street Address	Employer/Occur	pation/Labor Organization*	М	D	Y	Amount		
2 Keswick Commons	OH Cancer Research/Exec		016	015	1113		150.00	
City	State	Zip Code		ash,Check				
New Albany	\cap H	43054	'	Checl				
14CH HIDRITY	. () , 11	10001	L	~1 ICC1				

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 \$ 1.410.00
		<u> </u>

^{*} 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)]