

Event Date	9/19/13
Page	10

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 Dennis J Zack				Registration Number, if PAC		
Street Address 2 Keswick Commons	Employer/Occupation/Labor Organization* OH Cancer Research/Exec		M 1	D 0	Y 2	Amount 200.00
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Pearson				Registration Number, if PAC		
Street Address 2938 Lake Hollow Rd	Employer/Occupation/Labor Organization* Haughn & Assoc/Sales		M 1	D 0	Y 7	Amount 50.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Check			
Full Name of Contributor Robert P Milich				Registration Number, if PAC		
Street Address 832 Bears Den Rd	Employer/Occupation/Labor Organization* City of Youngstown/Judge		M 1	D 0	Y 7	Amount 50.00
City Youngstown	State O H	Zip Code 44511	Form(Cash,Check,etc) Check			
Full Name of Contributor Christopher B Crowe				Registration Number, if PAC		
Street Address 190 Village Blvd	Employer/Occupation/Labor Organization* None/Retired		M 1	D 0	Y 7	Amount 25.00
City Canfield	State O H	Zip Code 44406	Form(Cash,Check,etc) Check			
Full Name of Contributor Barbara Brandt				Registration Number, if PAC		
Street Address 2333 Brentwood Road	Employer/Occupation/Labor Organization* Self-employed/Consultant		M 0	D 9	Y 0	Amount 100.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Credit Card			
Full Name of Contributor Troy Schultz				Registration Number, if PAC		
Street Address PO Box 246	Employer/Occupation/Labor Organization* BJAAM/Executive		M 0	D 9	Y 1	Amount 500.00
City Canal Fulton	State O H	Zip Code 44614	Form(Cash,Check,etc) Credit Card			
Full Name of Contributor Sean Mentel				Registration Number, if PAC		
Street Address 88 E Broad St, Ste 2000	Employer/Occupation/Labor Organization* Mentel & Assoc/Attorney		M 0	D 9	Y 1	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Credit Card			

* 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 \$ 1,175.00