

# FOR PAPER FILING ONLY

Event Date 8/28/12  
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

|                                                             |                                                                            |                          |                                      |               |                |                        |
|-------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------|--------------------------------------|---------------|----------------|------------------------|
| Name of Committee in Full<br><b>Everyone for Ed Leonard</b> |                                                                            |                          |                                      |               |                |                        |
| Full Name of Contributor<br><b>Jeff Ferrell</b>             |                                                                            |                          | Registration Number, if PAC          |               |                |                        |
| Street Address<br><b>774 S Sixth St</b>                     | Employer/Occupation/Labor Organization*<br><b>Capital University/Prof</b>  |                          | M<br><b>0</b>                        | D<br><b>9</b> | Y<br><b>12</b> | Amount<br><b>25.00</b> |
| City<br><b>Columbus</b>                                     | State<br><b>O</b>                                                          | Zip Code<br><b>43206</b> | Form(Cash,Check,etc)<br><b>Cash</b>  |               |                |                        |
| Full Name of Contributor<br><b>Robert C. Bisciotti</b>      |                                                                            |                          | Registration Number, if PAC          |               |                |                        |
| Street Address<br><b>6059 Homewell St</b>                   | Employer/Occupation/Labor Organization*<br><b>Franklin County</b>          |                          | M<br><b>0</b>                        | D<br><b>9</b> | Y<br><b>12</b> | Amount<br><b>25.00</b> |
| City<br><b>Hilliard</b>                                     | State<br><b>O</b>                                                          | Zip Code<br><b>43026</b> | Form(Cash,Check,etc)<br><b>Check</b> |               |                |                        |
| Full Name of Contributor<br><b>Jeffrey A. Benedict</b>      |                                                                            |                          | Registration Number, if PAC          |               |                |                        |
| Street Address<br><b>2117 Indianola Ave</b>                 | Employer/Occupation/Labor Organization*<br><b>Self-employed/Photograph</b> |                          | M<br><b>0</b>                        | D<br><b>9</b> | Y<br><b>12</b> | Amount<br><b>25.00</b> |
| City<br><b>Columbus</b>                                     | State<br><b>O</b>                                                          | Zip Code<br><b>43201</b> | Form(Cash,Check,etc)<br><b>Check</b> |               |                |                        |
| Full Name of Contributor<br><b>L. M. Sasaki</b>             |                                                                            |                          | Registration Number, if PAC          |               |                |                        |
| Street Address<br><b>1224 Indianola Ave</b>                 | Employer/Occupation/Labor Organization*<br><b>Self-employed/Consultant</b> |                          | M<br><b>0</b>                        | D<br><b>9</b> | Y<br><b>12</b> | Amount<br><b>25.00</b> |
| City<br><b>Columbus</b>                                     | State<br><b>O</b>                                                          | Zip Code<br><b>43201</b> | Form(Cash,Check,etc)<br><b>Check</b> |               |                |                        |
| Full Name of Contributor<br><b>Kathleen G. Virgallito</b>   |                                                                            |                          | Registration Number, if PAC          |               |                |                        |
| Street Address<br><b>4086 Chennin Dr</b>                    | Employer/Occupation/Labor Organization*<br><b>Apprisen/Media</b>           |                          | M<br><b>0</b>                        | D<br><b>9</b> | Y<br><b>12</b> | Amount<br><b>25.00</b> |
| City<br><b>Gahanna</b>                                      | State<br><b>O</b>                                                          | Zip Code<br><b>43230</b> | Form(Cash,Check,etc)<br><b>Check</b> |               |                |                        |
| Full Name of Contributor<br><b>Elizabeth M. Meyers</b>      |                                                                            |                          | Registration Number, if PAC          |               |                |                        |
| Street Address<br><b>2192 Sandover Rd</b>                   | Employer/Occupation/Labor Organization*<br><b>Wexner Found/Sen Admin</b>   |                          | M<br><b>0</b>                        | D<br><b>9</b> | Y<br><b>12</b> | Amount<br><b>25.00</b> |
| City<br><b>Columbus</b>                                     | State<br><b>O</b>                                                          | Zip Code<br><b>43220</b> | Form(Cash,Check,etc)<br><b>Check</b> |               |                |                        |
| Full Name of Contributor<br><b>Robert W. Crosby Jr</b>      |                                                                            |                          | Registration Number, if PAC          |               |                |                        |
| Street Address<br><b>1520 Thurell Rd</b>                    | Employer/Occupation/Labor Organization*<br><b>None/Retired</b>             |                          | M<br><b>0</b>                        | D<br><b>9</b> | Y<br><b>12</b> | Amount<br><b>40.00</b> |
| City<br><b>Columbus</b>                                     | State<br><b>O</b>                                                          | Zip Code<br><b>43229</b> | Form(Cash,Check,etc)<br><b>Check</b> |               |                |                        |

\* 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 \$ 190.00