31-E R.C. 3517.10(B)

FOR PAPER FILING ONLY

Event Date	8/28/12
Page	41

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 3/05				
Name of Committee in Full						
Everyone for Ed Leonard						
Full Name of Contributor		Registration Number, if PAC				
Nathan Gordon			1			
Street Address	Employer/Occupation/Labor Organization*		M E	Y (Amount	
2485 E Broad St	Self-employed/Attorney		0 9 1	4 1 2		50.00
City	State Zip Code		Form(Cash,C	heck,etc)		S. Transfer
Columbus	$O \mid H$	43209	Ch	ieck		
Full Name of Contributor		Registration Number, if PAC				
Nancy K. Wonnell						
Street Address	Employer/Occup.	ation/Labor Organization*	M I) Y	Amount	
336 S High St	Self-emp	Self-employed/Attorney		4 1 2		50.00
City	State	Zip Code	0 9 1 Form(Cash,C			the Said Said Said
Columbus	\cap H	43215	Ch	eck		King Talkan
Full Name of Contributor	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC			
Francine C. Ryan			'			
Street Address	Employer/Occupation/Labor Organization*		M I	Y	Amount	
125 Frankfort Sq	None/Retired		0191	4 1 2	1	50.00
City	State	Zip Code	Form(Cash,C			10.7 m 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
Columbus	101H	43206	1	eck		
Full Name of Contributor			_	Number, if PA	ιC	a the law and the
R. Michael Taylor						i
Street Address	Employer/Occupation/Labor Organization*		M D	Y	Amount	
1643 Demaret Ln	Sel-empl	Sel-employed/Consultant		4 1 2		100.00
City	State	Zip Code	Form(Cash,C		BOS AST	SALE SALE
Columbus	O H	43228	l Ch	eck		10.23
Full Name of Contributor	1 1,7 :	<u> </u>		Number, if PA	C.C.	A STATE OF
David Hetzler						
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*) Y	Amount	
1645 Ridgeway Pl	DLZ/En	DLZ/Engineer		4 1 2		100.00
City	State	Zip Code	Form(Cash,C		He Charles a	
Grandview Heights	$ \cap H$	43212	l Ch	eck		
Full Name of Contributor			Registration Number, if PAC			
Michael F. Curtin			_			
Street Address	Employer/Occupa	ntion/Labor Organization*	M E	Y	Amount	
1370 Cambridge Blvd	None/Retired		0191	4 1 2		150.00
City			Form(Cash,C			1 mg . Say .
Columbus	$I \cap I H$	43212	Ch	eck		الله المحالي العربوس و
Full Name of Contributor				Number, if PA	C	3 - 4 - 3 - 4 - 4 - 4 - 4 - 4 - 4 -
Jennifer Brunner/Brunner Quinn			_			
Street Address	Employer/Occupa	ition/Labor Organization*	м в	Y	Amount	
35 N Fourth St, Ste 200	Self-emp	Self-employed/Attorney		4 1 2		250.00
City		Zip Code	0 9 1 Form(Cash,C		10th 2011	2 13 33 3
Columbus	$O \mid H$	43215		eck		
		10210		~~1	*	* * * Z

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. 34-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$750.00_
· · · · · · · · · · · · · · · · · · ·		

^{*} 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)]