

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 Everyone for Ed Leonard						
Full Name of Contributor Nathan Gordon			Registration Number, if PAC			
Street Address 2485 E Broad St	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M 0	D 9	Y 12	Amount 50.00
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Nancy K. Wonnell			Registration Number, if PAC			
Street Address 336 S High St	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M 0	D 9	Y 12	Amount 50.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Francine C. Ryan			Registration Number, if PAC			
Street Address 125 Frankfort Sq	Employer/Occupation/Labor Organization* None/Retired		M 0	D 9	Y 12	Amount 50.00
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor R. Michael Taylor			Registration Number, if PAC			
Street Address 1643 Demaret Ln	Employer/Occupation/Labor Organization* Self-employed/Consultant		M 0	D 9	Y 12	Amount 100.00
City Columbus	State O	Zip Code 43228	Form(Cash,Check,etc) Check			
Full Name of Contributor David Hetzler			Registration Number, if PAC			
Street Address 1645 Ridgeway Pl	Employer/Occupation/Labor Organization* DLZ/Engineer		M 0	D 9	Y 12	Amount 100.00
City Grandview Heights	State O	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael F. Curtin			Registration Number, if PAC			
Street Address 1370 Cambridge Blvd	Employer/Occupation/Labor Organization* None/Retired		M 0	D 9	Y 12	Amount 150.00
City Columbus	State O	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Jennifer Brunner/ Brunner Quinn			Registration Number, if PAC			
Street Address 35 N Fourth St, Ste 200	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M 0	D 9	Y 12	Amount 250.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			

* 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 \$ 750.00