/17/13
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## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05					
Name of Committee in Full							
Everyone for Ed Leonard							
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Ronald J Hagan							
Street Address		ttion/Labor Organization*	M	D	Y	Атоши	
_693 City Park Avenue	Self-employed/Accountant						250.00
City	State	Zip Code	,	sh,Check			
Columbus	OH	43206		Checl			
Full Name of Contributor			_	tion Num	ber, if PA	C	
Columbus/Central Ohio Building Trac			PCE				
Street Address	Employer/Occupa	ation/Labor Organization*	M	D	Y	Amount .	
555 East Rich Street, Room 217				1 3		<u> </u>	250.00
City	State	Zip Code	,	ish,Check	. ,		
Columbus	I O I H	43215		Checl			
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Michael Schiff							
Street Address		ation/Labor Organization*	M	D.	Y	Amount	
400 South Parkview Avenue	Self-emp	loved/Developer		1 3			250.00
City	State	Zip Code	`	ish,Check			
Columbus	O H	43209		<u>Checl</u>			
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Brett Kaufman/Kaufman Communitie	s LLC						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2 Easton Oval	Self-employed/Developer			1 3			250.00
City	State	Zip Code		ish,Check			
Columbus	O H	43219		Checl			
Full Name of Contributor				tion Num	ber, if PA	ı.C	
Baker & Hostetler LLP Ohio PAC	_	. <u></u> .	OH:		,		
Street Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount	***
3200 National City Center	_			1 3			250.00
City	State	Zip Code		sh,Check			
Cleveland	<u> </u>	44114		Checl			_
Full Name of Contributor			Registra	tion Num	ber, if PA	ıC	
Scott McComb	_					,	
Street Address		ation/Labor Organization*	M	D	Y	Amount	250.00
230 Barnhill Court		nd Bank/CEO		119			250.00
City	State	Zip Code	,	sh,Checl			
Gahanna	$O \mid H$	43230		<u>Checl</u>			
Full Name of Contributor			Registra	tion Num	ber, if PA	VC.	
Joseph C Mastrangelo						т.	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	100.00
PO Box 15902		Co/Asst Prosecute		1 9			100.00
City	State	Zip Code		ash,Check			
Columbus	$O \mid H$	43215	<u> </u>	Chec!	Κ		

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 \$ 1.600.00

<sup>•</sup> 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)]