

FOR PAPER FILING ONLY

Event Date 10/16/12
Page 54

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 Philip B. Kaufman | | | | Registration Number, if PAC | |
| Street Address 341 S. 3rd St., Ste 300 | Employer/Occupation/Labor Organization* Self-employed/ Attorney | | M 1 | D 0 | Y 12 |
| City Columbus | State OH | Zip Code 43215 | Form(Cash,Check,etc) Check | | Amount 150.00 |
| Full Name of Contributor Gregory N. Finnerty | | | | Registration Number, if PAC | |
| Street Address 6013 Round Tower Ln | Employer/Occupation/Labor Organization* Self-employed/ Attorney | | M 1 | D 0 | Y 12 |
| City Dublin | State OH | Zip Code 43017 | Form(Cash,Check,etc) Check | | Amount 200.00 |
| Full Name of Contributor Herbert B. Asher | | | | Registration Number, if PAC | |
| Street Address 34 W Poplar Ave, Apt 501 | Employer/Occupation/Labor Organization* OSU/Professor | | M 1 | D 0 | Y 12 |
| City Columbus | State OH | Zip Code 43215 | Form(Cash,Check,etc) Check | | Amount 200.00 |
| Full Name of Contributor Lenore G. Schottenstein | | | | Registration Number, if PAC | |
| Street Address 1000 S Dawson Ave #301 | Employer/Occupation/Labor Organization* None/Retired | | M 1 | D 0 | Y 12 |
| City Columbus | State OH | Zip Code 43209 | Form(Cash,Check,etc) Check | | Amount 250.00 |
| Full Name of Contributor Lavea Brachman | | | | Registration Number, if PAC | |
| Street Address 39 S Parkview Ave | Employer/Occupation/Labor Organization* Greater OH Policy/Exec D | | M 1 | D 0 | Y 12 |
| City Columbus | State OH | Zip Code 43209 | Form(Cash,Check,etc) Check | | Amount 50.00 |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| City | State | Zip Code | Form(Cash,Check,etc) | | Amount |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| City | State | Zip Code | Form(Cash,Check,etc) | | Amount |

* 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 \$ 850.00