

FOR PAPER FILING ONLY

Event Date 8/27/12
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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 Mark Hatcher				Registration Number, if PAC	
Street Address 7465 Walker Wood Blvd	Employer/Occupation/Labor Organization* Baker Hostetler/Attorney		M 0	D 8	Y 3
City Lewis Center	State O	Zip Code H 43035	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Eleanor Palmer				Registration Number, if PAC	
Street Address 3550 Delport Way	Employer/Occupation/Labor Organization* City of Columbus/Atty		M 0	D 8	Y 3
City Columbus	State O	Zip Code H 43232	Amount 50.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Todd Matthews				Registration Number, if PAC	
Street Address 1178 Matterhorn Dr	Employer/Occupation/Labor Organization* Self-employed/Carpenter		M 0	D 8	Y 3
City Reynoldsburg	State O	Zip Code H 43068	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert E. Lee III				Registration Number, if PAC	
Street Address 2574 Dover Rd	Employer/Occupation/Labor Organization* Touchstone/President		M 0	D 8	Y 3
City Columbus	State O	Zip Code H 43209	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Mataryun D. Wright				Registration Number, if PAC	
Street Address 2827A Wyman Ct	Employer/Occupation/Labor Organization* Rama Consulting/Consultant		M 0	D 8	Y 3
City Columbus	State O	Zip Code H 43232	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Dan Moncrief III				Registration Number, if PAC	
Street Address 1266 E 18th Ave	Employer/Occupation/Labor Organization* McDaniels Const/Pres		M 0	D 8	Y 3
City Columbus	State O	Zip Code H 43211	Amount 150.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Coleman for Columbus				Registration Number, if PAC	
Street Address 550 E Walnut St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 3
City Columbus	State O	Zip Code H 43215	Amount 250.00	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 \$ 800.00