

FOR PAPER FILING ONLY

Event Date 10/19/12
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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 Michele M. Helbig			Registration Number, if PAC			
Street Address 8141 Summerhouse Dr W	Employer/Occupation/Labor Organization* Mount Carmel/Exec Dir		M 1	D 0	Y 2	Amount 40.00
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) Check			
Full Name of Contributor John F. Gallagher			Registration Number, if PAC			
Street Address 5744 Covington Meadows Dr	Employer/Occupation/Labor Organization* J Gallagher Group/Pres		M 1	D 0	Y 2	Amount 50.00
City Westerville	State O H	Zip Code 43082	Form(Cash,Check,etc) Check			
Full Name of Contributor Aaron M. Nartker			Registration Number, if PAC			
Street Address 543 Crimsonrose Run	Employer/Occupation/Labor Organization* Emerson Network/Manage		M 1	D 0	Y 2	Amount 50.00
City Westerville	State O H	Zip Code 43081	Form(Cash,Check,etc) Check			
Full Name of Contributor Gregg Costas/Dynamis Investigations LLC			Registration Number, if PAC			
Street Address 6724 Perimeter Loop Rd, Ste 275	Employer/Occupation/Labor Organization* Dynamis/Principal		M 1	D 0	Y 2	Amount 100.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Lori J. Finnerty			Registration Number, if PAC			
Street Address 6013 Round Tower Ln	Employer/Occupation/Labor Organization* CareWorks/VP, Quality		M 1	D 0	Y 2	Amount 100.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Terrence W. Lyden			Registration Number, if PAC			
Street Address 6347 Memorial Dr	Employer/Occupation/Labor Organization* Utility Revenue/Owner		M 1	D 0	Y 2	Amount 100.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Duffy Driscoll			Registration Number, if PAC			
Street Address 7369 Hampsted Sq S	Employer/Occupation/Labor Organization* Abbott Nutrition/Account		M 1	D 0	Y 2	Amount 100.00
City New Albany	State O H	Zip Code 43054	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 \$ 540.00