31-E R.C. 3517.10(B)

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 S	Prescribed by Secretary of State 3/05						
Name of Committee in Full								
Everyone for Ed Leonard								
G. Scott McComb				Registration Number, if PAC				
Street Address	Employari Occu	ipation/Labor Organization*	M	LB	T 1/	Ta		
230 Barnhill Ct	1	and Bank/Banker			$\begin{bmatrix} & Y \\ 1 & 1 & 2 \end{bmatrix}$	Amount	500.00	
City	State	Zip Code	0 9 1 4 1 2 Form(Cash,Check,etc)			300.00 Single Single		
Gahanna	OH			Che				
Full Name of Contributor	1 1/2	30,400	Registr		mber, if P	AC	and the second	
Street Address	Employer/Occi	pation/Labor Organization*	M D Y Am		Amount	*****		
Cir.		Tax a .				All medicines a Silveri set a		
City	State	Zip Code	Form(C	Cash, Che	ek,ete)			
Full Name of Contributor			Registr	ation Nu	nber, if P.	AC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount		
				<u> </u>		<u> </u>		
City	State 	Zíp Code	Form(C	lash,Che	:k,etc)			
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registr	ation Nu	nber, if Pa	\C	\$ 6 . ' + 12° + 9° 8° 30° 3°	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)	STATE OF THE STATE		
	<u> </u>							
Full Name of Contributor			Registra	ation Nu	nber, if Pa	\C		
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
					1			
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
Full Name of Contributor			Registra	ation Nur	nber, if P/	\C		
Street Address	Employari Occur	pation/Labor Organization*	M	I D	I v	Amount		
	Employet/Ocea	pation Eabor Organization	101	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)		XX 82.3	
full Name of Contributor			In	31	1010			
an reality of Contributor			Registra	ttion Nun	iber, if P/	AC .		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount		
City	State Zip Code		Form(C	ash,Chec	k,etc)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		lidates. If contributor is self-empl						

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 \$	500.00
<u></u>	J		

^{*} R organization of which the employees are members, if any, must appear, [R.C. 3517.10(B)(4)]