31-E
R.C. 3517.10(B)

FOR PAPER FILING ONLY

Event Date 9/17/12
Page 43

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						**Registration Number, if PAC**	
Heidi A. Roach							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
931 Thomas Rd	Sax Car Wash/Office Man			09	25	12	25.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43212		Check			
Full Name of Contributor						**Registration Number, if PAC**	
Lisbeth A. McCloskey							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
6716 Durwood Ln	Prudential Res/Realtor			09	25	12	25.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Dublin	OH	43016		Check			
Full Name of Contributor						**Registration Number, if PAC**	
Joseph R. Speakman Jr							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
993 Delaware Ave	MI Homes/Sales			09	25	12	25.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43201		Check			
Full Name of Contributor						**Registration Number, if PAC**	
Kenneth P. Wilcox							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
48 S Garfield Ave	Carriage Trade/Realtor			09	25	12	25.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43205		Check			
Full Name of Contributor						**Registration Number, if PAC**	
Frederick W. Rector							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
993 Delaware Ave	KW Cap Partners/Realtor			09	25	12	25.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43201		Check			
Full Name of Contributor						**Registration Number, if PAC**	
Steven M. Shellabarger							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
845 N High St, #402	None/Retired			09	25	12	25.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43215		Check			
Full Name of Contributor						**Registration Number, if PAC**	
Brian Endicott							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
PO Box 3538	OSU/Academic Admin			09	25	12	35.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43210		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 $ 185.00