

FOR PAPER FILING ONLY

Event Date 6/27/12
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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 James K. Williams III			Registration Number, if PAC	
Street Address 2518 Darling Rd	Employer/Occupation/Labor Organization* Kirk Williams Co/Pres		M D Y 0 6 2 7 1 2	Amount 250.00
City Blacklick	State O H	Zip Code 43004	Form(Cash,Check,etc) Check	
Full Name of Contributor Harold D. Keller			Registration Number, if PAC	
Street Address 543 Greenglade Ave	Employer/Occupation/Labor Organization* OH Cap Corp for Housing		M D Y 0 6 2 7 1 2	Amount 1,000.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Check	
Full Name of Contributor Janet L. Horning			Registration Number, if PAC	
Street Address 5743 Grackle Ln	Employer/Occupation/Labor Organization* Century 21/Realtor		M D Y 0 7 0 9 1 2	Amount 100.00
City Westerville	State O H	Zip Code 43081	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael David Brown, Jr			Registration Number, if PAC	
Street Address 616 Mohawk St	Employer/Occupation/Labor Organization* Harmony Project/Exec Dir		M D Y 0 7 0 9 1 2	Amount 100.00
City Westerville	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Amy Debra Klaben			Registration Number, if PAC	
Street Address 238 N Cassady Ave	Employer/Occupation/Labor Organization* Homeport/CEO		M D Y 0 7 0 9 1 2	Amount 100.00
City Bexley	State O H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Brian C. Barker			Registration Number, if PAC	
Street Address 1698 Berkshire Rd	Employer/Occupation/Labor Organization* Snyder Baker Invest/Partne		M D Y 0 7 0 9 1 2	Amount 250.00
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Marianne Collins			Registration Number, if PAC	
Street Address 423 Hickory Ln	Employer/Occupation/Labor Organization* Insight Bank/Sr. VP		M D Y 0 7 0 9 1 2	Amount 250.00
City Westerville	State O H	Zip Code 43081	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 \$ 2,050.00