

FOR PAPER FILING ONLY

Event Date 9/17/12
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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 Dennis J. Zack				Registration Number, if PAC	
Street Address 2 Keswick Commons	Employer/Occupation/Labor Organization* Ohio Cancer Research		M 0	D 9	Y 2
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Bruce W. Dooley				Registration Number, if PAC	
Street Address 252 W 5th Ave	Employer/Occupation/Labor Organization* Self-employed/Realtor		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Edward F. Feighan				Registration Number, if PAC	
Street Address 845 N High St, #504	Employer/Occupation/Labor Organization* Evergreen National/Exec		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount

* 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 \$ 300.00