31-E R.C. 3517.10(B)

FOR PAPER FILING ONLY

7
9/17/12
45

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			Registra	ation Nu	nber, if	PAC	
Dennis J. Zack							
Street Address		upation/Labor Organization*	М	D	Y	Amount	
2 Keswick Commons		Cancer Research	0 9			2	100.0
City N. A. 11	State	Zip Code	,	ash,Che		279	
New Albany Full Name of Contributor	O F	I 43054	_	Chec			and the
			Registra	ttion Nu	nber, if	PAC .	
Bruce W. Dooley Street Address	le L		_				
		upation/Labor Organization*	M	D	Y	Amount	
252 W 5th Ave		nployed/Realtor	0 9			2	100.0
•	State	Zip Code		ash,Chec		11.00	
Columbus Full Name of Contributor	OH	[43201		Chec			
			Registra	ition Nui	nber, if	PAC	
Edward F. Feighan Street Address			M	D.	,		·
	4	Employer/Occupation/Labor Organization*			Y	Amount	
845 N High St, #504		<u>een National/Exec</u>	0 9			2	100.0
•	State	Zip Code		ash,Chec			3. 关于了第
Columbus Tull Name of Contributor	O H	43215		Chec		Che Marty Co.	tigates
ruii Name of Contributor			Registra	tion Nu	aber, if	PAC	
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	
			1 1		1 1		
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)		The second second
full Name of Contributor			Registra	tion Nur	iber, if	РАС	
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*		D	Y	Amount	
					L		
Tity	State	Zip Code	Form(Ca	ish.Chec	k,etc)	2	The state of the s
						34.57	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
full Name of Contributor			Registra	tion Nun	nber, if	PAC	
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Τν	TAMASINA	
	ishiployenoecu	ipanon/Lagor Organization	l M		I 1	Amount	
ity	State	Zip Code	Form(Ca	al. Class	4 .3	in .	
***	Jane	Zip Code	ronnica	isii,Chec	K,etc)		+ 3
ull Name of Contributor			n . is is	N1	1 22	24.0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Service of Community			Registrat	HOD INUI	iber, ii	WC	
treet Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	
lity	State	Zip Code	Form(Ca	sh,Chec	reie)	4.3.4	
		'			,,	5.	
quired for contributions from individuals over \$100 to statewid							۸ ,

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 \$300.0	00_

^{*} R an 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)]