

FOR PAPER FILING ONLY

Event Date	10/16/12
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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 John E. Snyder			Registration Number, if PAC			
Street Address 794 S 6th St	Employer/Occupation/Labor Organization* Self/Insurance Sales		M 1	D 0	Y 12	Amount 25.00
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Dan C. Headopohl			Registration Number, if PAC			
Street Address 1252 Hope Ave	Employer/Occupation/Labor Organization* Columbus/Real Estate Ass		M 1	D 0	Y 12	Amount 25.00
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Carolynn Aldrich Ziance			Registration Number, if PAC			
Street Address 270 N Cassingham Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 12	Amount 25.00
City Bexley	State OH	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Colleen Schmitt			Registration Number, if PAC			
Street Address 440 Bent Twig Dr	Employer/Occupation/Labor Organization* None/Retired		M 1	D 0	Y 12	Amount 50.00
City Vandalia	State OH	Zip Code 45377	Form(Cash,Check,etc) Check			
Full Name of Contributor William D. Faith			Registration Number, if PAC			
Street Address 340 Clinton Heights Ave	Employer/Occupation/Labor Organization* COHHIO/Exec Director		M 1	D 0	Y 12	Amount 75.00
City Columbus	State OH	Zip Code 43202	Form(Cash,Check,etc) Check			
Full Name of Contributor Myron N. Terlecky			Registration Number, if PAC			
Street Address 6332 Oisín Ct	Employer/Occupation/Labor Organization* Strip Hoppers/Attorney		M 1	D 0	Y 12	Amount 75.00
City Dublin	State OH	Zip Code 43016	Form(Cash,Check,etc) Check			
Full Name of Contributor Joseph L. Barnes, Sr			Registration Number, if PAC			
Street Address 3718 2nd Ave	Employer/Occupation/Labor Organization* Village of Urbancrest/Mav		M 1	D 0	Y 12	Amount 25.00
City Urbancrest	State OH	Zip Code 43123	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 \$ 300.00