

FOR PAPER FILING ONLY

Event Date 10/10/12
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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 W. Royer			Registration Number, if PAC	
Street Address 1480 Dublin Rd	Employer/Occupation/Labor Organization* KRG/Partner		M D Y 1 0 1 0 1 2	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Kathleen T. Harkin			Registration Number, if PAC	
Street Address 302 Stewart Ave	Employer/Occupation/Labor Organization* Self-employed/Consultant		M D Y 1 0 1 7 1 2	Amount 25.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Steve C. Hines			Registration Number, if PAC	
Street Address 2504 Ashcroft Loop	Employer/Occupation/Labor Organization* Heartland Bank/COO		M D Y 1 0 1 7 1 2	Amount 50.00
City Blacklick	State O H	Zip Code 43004	Form(Cash,Check,etc) Check	
Full Name of Contributor Ohiohealth Star Corp PAC			Registration Number, if PAC C00210617	
Street Address 180 E Broad St, 34th Fl	Employer/Occupation/Labor Organization*		M D Y 1 0 1 7 1 2	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Charles R. Santer			Registration Number, if PAC	
Street Address 221 W Hubbard Ave	Employer/Occupation/Labor Organization* Vogt Santer/Owner		M D Y 1 0 1 7 1 2	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor George R. Smith			Registration Number, if PAC	
Street Address 285 Monterey Dr	Employer/Occupation/Labor Organization* Heartland Bank/Exec VP		M D Y 1 0 1 7 1 2	Amount 100.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Julia A. Fox			Registration Number, if PAC	
Street Address 2616 Wexford Rd	Employer/Occupation/Labor Organization* OSU/Program Director		M D Y 1 0 1 7 1 2	Amount 500.00
City Columbus	State O H	Zip Code 43221	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 \$ 1,125.00